## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # P96000100041 1. Entity Name H.M.E. SALES & SERVICE, INC. Principal Place of Business Mailing Address 20475 BISCAYNE BLVD 20475 BISCAYNE BLVD STE G5 AVENTURA FL 33180 AVENTURA FL 33180 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0714529 Not Applicable Zip Zıp Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, ANN Street Address (P.O. Box Number is Not Acceptable) 20475 BISCAYNE BLVD STE G5 AVENTURA FL 33180 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campalgn Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFO MILL Delete HUE ☐ Addition U00000210425 COOPER, ANN NAME NAME 02/02/05-80078-019 150.00 STREET ADDRESS 20475 BISCAYNE BLVD #G5 STREET ADDRESS City-ST-ZIE **AVENTURA FL 33180** CHY-ST-ZIF Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1111 F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Tilli F Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLY - ST- ZiP TITLE Delete THE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP HILE ☐ Delete me ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN

FILED