2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90199 023 ***150.00

DOCUMENT # P02000133069

1. Entity Name
MICHAEL S. HILF SERVICES, INC.

Principal Place of Business	Mailing Address
~~11160 HERON BAY DRIVE~~	C/O BERNGARD & ASSOCIATES, INC.
~~APT. 616~~	6421 CONGRESS AVE., SUITE 100
~~CORAL SPRINGS, FL 33076~~ US	BOCA RATON, FL 33487 US

64070013

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10384 Lexington Estate	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33428 Country: USA	Zip Country

4. FEI Number 30-0136399 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BERNGARD & ASSOCIATES, LTD., INC
6421 CONGRESS AVENUE
SUITE 100
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HILF, MICHAEL S	NAME	
STREET ADDRESS	~~11160 HERON BAY DRIVE, APT. 616~~	STREET ADDRESS	10384 Lexington Estates Blvd
CITY-ST-ZIP	~~CORAL SPRINGS, FL 33076~~	CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ 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] 4-30-04 954-5889917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #