


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 168787</b> 1. Entity Name <b>HAYDEN'S BONDED STORAGE WAREHOUSE, INC.</b>	
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Principal Place of Business <b>160 NW 16TH ST BOCA RATON, FL 33432</b>	Mailing Address <b>160 NW 16TH ST BOCA RATON, FL 33432</b>
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**DO NOT WRITE IN THIS SPACE**

03162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-0698007</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>FAY, ROBERT 160 NW 16TH ST BOCA RATON, FL 33432</b>
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**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: **3/16/05**  
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST FAY, KIM 160 NW 16TH ST BOCA RATON, FL 00000,</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FAY, ROBERT 160 NW 16TH ST BOCA RATON, FL 00000,</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000268114  
03/18/05-80031-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **3/16/05** Daytime Phone #: **561 595 0801**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR