


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 189841
 1. Entity Name
 ROBERT HITTEL, INC.



Principal Place of Business Mailing Address
 3035 NE 12 TERR 3035 NE 12 TERRACE
 OAKLAND PARK, FL 33334 US OAKLAND PARK, FL 33334 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-0917446 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HITTEL, ROBERT
 2600 NE 29TH CT
 FORT LAUDERDALE, FL

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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HITTEL, CHRISTOPHER M 2600 NE 29 COURT FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HITTEL, ROBERT A 3020 N FEDERAL HWY FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITTEL, ROBERT 2600 N E 29TH CT FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNOR, KATHLEEN 2600 NE 29 CT FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000010334
 01/22/04-80027-023 150.00

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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: Robert A. Hittel 1/20/04 (954) 566-5562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #