


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90179 042 \*\*\*150.00

<b>DOCUMENT # 304830</b> 1. Entity Name <b>H &amp; H MIAMI DEVELOPMENT CORP.</b>			
Principal Place of Business <b>13251 SW 102ND TER MIAMI, FL 33186 US</b>		Mailing Address <b>13251 SW 102ND TER MIAMI, FL 33186 US</b>	
2. Principal Place of Business <b>600 Biltmore Way</b> Suite, Apt. #, etc. <b>1002</b>		3. Mailing Address <b>600 Biltmore Way</b> Suite, Apt. #, etc. <b>1002</b>	
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>	
Zip <b>33134</b> Country		Zip <b>33134</b> Country	
4. FEI Number <b>59-1171316</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROGER, ARTHUR JOHN MR. 13251 SW 102ND TER MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent Name <b>Hilda H. Roger</b> Street Address (P.O. Box Number is Not Acceptable) <b>600 Biltmore Way Apt. 1002</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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 <b>Hilda H. Roger</b> DATE <b>April 14 / 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ROGER, HILDA H MRS.</b> <b>600 BILTMORE WAY APT 1002</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <b>ROGER, ARTHUR JOHN MR.</b> <b>13251 SW 102ND TER</b> <b>MIAMI, FL 33186</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <b>ROGER, VINCENT A MR.</b> <b>104 BROOKWOOD LN</b> <b>HATTIESBURG, MS 39401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>Hilda H. Roger</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>April 14 / 2006</b> <small>Date Daytime Phone #</small>	