


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 734903</b> 1. Entity Name <b>HINENI OF FLORIDA, INC.</b>	
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Principal Place of Business <b>P O BOX 763</b> <b>MIAMI, FL 33163</b>	Mailing Address <b>P O BOX 763</b> <b>MIAMI, FL 33163</b>
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03302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>SCHWARZBAUM, NAOMI</b> <b>1085 NE 176 ST</b> <b>N MIAMI BCH, FL 33162</b>	<p style="text-align: center; font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRAVDA, DON 16345 W DIXIE HWY N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, BRUCE, DR. 1030 NE 177 TER N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHARZBAUM, NAOMI 1085 NE 176 ST NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80025-009 61.25

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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 617, 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:** *Naomi Schwarzbaum* **Naomi Schwarzbaum** **3-27-07** **948-4357**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #