

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# 734903

Entity Name: HINENI OF FLORIDA, INC.

**Current Principal Place of Business:**

P O BOX 763  
MIAMI, FL 33163

**New Principal Place of Business:**

1085 NE 176 STREET  
MIAMI, FL 33162

**Current Mailing Address:**

P O BOX 763  
MIAMI, FL 33163

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARZBAUM, NAOMI  
1085 NE 176 ST  
N MIAMI BCH, FL 33162      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title:                      PD                      ( ) Delete  
Name:                      PRAVDA, DON  
Address:                      16345 W DIXIE HWY  
City-St-Zip:                      N MIAMI BCH, FL  
  
Title:                      TD                      ( ) Delete  
Name:                      LEVY, BRUCE, DR.  
Address:                      1030 NE 177 TER  
City-St-Zip:                      N MIAMI BCH, FL  
  
Title:                      VPD                      ( ) Delete  
Name:                      SCHARZBAUM, NAOMI  
Address:                      1085 NE 176 ST  
City-St-Zip:                      NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI SCHWARZBAUM

VPD

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date