

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90001 049 ***150.00

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02162004 No Chg-P CR2E034 (10/03)

DOCUMENT # F02000004833
 1. Entity Name
HIGHER RESEARCH & DEVELOPMENT CENTER, CORP.



Principal Place of Business Mailing Address
 8700 W FLAGLER STREET, STE. 260 8700 W FLAGLER STREET, STE. 260
 MIAMI, FL 33174 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3583985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUITRAGO, OMAIRA
8700 W FLAGLER STREET, STE. 260
MIAMI, FL 33174

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	C BUITRAGO, OMAIRA 8700 W. FLAGER ST. STE. 260 MIAMI, FL 33174
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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)(i), 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: *Omaira Buitrago* Feb 17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #