

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 001 ***150.00

DOCUMENT # F96000001641

1. Entity Name
HSH I, INC.



Principal Place of Business

12730 HIGH BLUFF DRIVE
SUITE #250
SAN DIEGO, CA 92130 US

Mailing Address

12730 HIGH BLUFF DRIVE
SUITE #250
SAN DIEGO, CA 92130 US

24085884



03112003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0667325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARINICH, DAVID
3075 NORTH ROCKY POINTE DR
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PC
NAME HARDAGE, SAMUEL A
STREET ADDRESS 12730 HIGH BLUFF DRIVE SUITE #250
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE S
NAME FARRELL, THOMAS D
STREET ADDRESS 12730 HIGH BLUFF DRIVE SUITE #250
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE T
NAME MEZA, RICK
STREET ADDRESS 12730 HIGH BLUFF DR., #250
CITY-ST-ZIP SAN DIEGO, CA 92130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thoams D. Farrell, 8/27/04

(858) 794-2338

Date

Daytime Phone #