

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90006 037 ***550.00

DOCUMENT # G34025

1. Entity Name
H.G.V. ENTERPRISES, INC.



Principal Place of Business
777 NW 72 AVENUE
MIAMI INTERNATIONAL MART #3AA27
MIAMI, FL 33126 US

Mailing Address
777 NW 72 AVENUE
MIAMI INTERNATIONAL MART #3AA27
MIAMI, FL 33126 US

44046564



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2279453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-VILLAMIL, HECTOR
777 N.W. 72 AVE.
MIAMI INT'L MART #3AA27
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
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 PD ☐ Delete
NAME GARCIA-VILLAMIL, HECTOR
STREET ADDRESS 17955 SW 291 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ST ☐ Delete
NAME GARCIA-VILLAMIL, HECTOR
STREET ADDRESS 17955 SW 291 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE V ☐ Delete
NAME GARCIA-VILLAMIL, TERESA
STREET ADDRESS 17955 SW 291 ST
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

5/20/04 (305) 266-5437