


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90158 042 \*\*\*150.00

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AV

<b>DOCUMENT #</b> H81165	
<b>1. Entity Name</b> HANGING IN, INC.	

<b>Principal Place of Business</b> 1900 N.W. 113 AVE. PEMBROKE PINES FL 33026	<b>Mailing Address</b> 1900 N.W. 113 AVE. PEMBROKE PINES FL 33026
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<b>2. Principal Place of Business</b> 343 VAN BUREN ST. Suite, Apt. #, etc. #6 City & State HOLLYWOOD BEACH, FL Zip 33019	<b>3. Mailing Address</b> 343 VAN BUREN ST. Suite, Apt. #, etc. #6 City & State HOLLYWOOD BEACH, FL Zip 33019
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-2588226	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> RODRIGUEZ, SIXTO 1900 NW 113 AVE PEMBROKE PINES FL 33015	
<b>7. Name and Address of New Registered Agent</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PTD	<input type="checkbox"/> Delete	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> RODRIGUEZ, SIXTO		<b>NAME</b>	
<b>STREET ADDRESS</b> 1900 N.W. 113 AVE.		<b>STREET ADDRESS</b> 343 VAN BUREN STREET, #6	
<b>CITY-ST-ZIP</b> PEMBROKE PINES FL 33026		<b>CITY-ST-ZIP</b> HOLLYWOOD BEACH, FL 33019	
<b>TITLE</b> VD	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> RODRIGUEZ, FRED		<b>NAME</b>	
<b>STREET ADDRESS</b> 19211 NW 51 AVENUE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> CAROL CITY FL		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** SIXTO RODRIGUEZ **DATE** 4-27-03 **Daytime Phone #** 954-684-2581

CR2E034 (10/02)