

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90504

FILED
May 02, 2005
Secretary of State

Entity Name: HILCRAFT ENGRAVING, INC.

Current Principal Place of Business:

3960 NW 26 ST
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

3960 NW 26TH ST
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 59-2617349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGER, BESU E
1925 BRICKELL AVENUE #D-206
MIAMI, FL 33129 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ, EDEL,
Address: 3960 N.W. 26 STREET
City-St-Zip: MIAMI, FL

Title: VPTS () Delete
Name: MORALES, FRANCISCA
Address: 3960 N.W. 26 STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCA MORALES

VPTS

05/02/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date