

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # H92714

1. Entity Name
HI FLA, INC.



Principal Place of Business
1068 W. FLAGLER STREET
MIAMI, FL 33130

Mailing Address
1068 W. FLAGLER STREET
MIAMI, FL 33130



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2625930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TACHER, SALVADOR
1068 W. FLAGLER STREET
MIAMI, FL 33130

**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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000815182
02/13/08-80074-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TACHER, SALVADOR
STREET ADDRESS	11640 CANAL DR
CITY-ST-ZIP	NORTH MIAMI, FL
TITLE	D
NAME	RAFAEL, MAYA
STREET ADDRESS	3640 YACHT CLUB DR APT 807
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	S
NAME	LUNA, ALBALAH
STREET ADDRESS	3600 YACHT CLUB DRIVE APT 201
CITY-ST-ZIP	AVENTURA, FL 33180
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 exemptions contained in Chapter 119, 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 #

LUNA ALBALAH 1/30/08 305-324-8177