2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K87774

1. Entity Name
HSDG, INC.

Principal Place of Business	Mailing Address
5195 SW 75 STREET MIAMI, FL 33143 US	5195 SW 75 STREET MIAMI, FL 33143 US

DO NOT WRITE IN THIS SPACE

FILED
Jan 30, 2004 08:00 AM
Secretary of State

01232004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2954614	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BREIER, ROBERT G.
2800 PONCE DE LEON BLVD.
STE 1125
MIAMI, FL 33134-6919

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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

U00000023111
02/02/04-80011-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	SNOWEISS, HOWARD
STREET ADDRESS	5195 SW 75 ST
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/21/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #