2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # K95800 1. Entity Name								Feb 02, 2004 08:00 AM Secretary of State					
HVG ASSET MANAGEMENT CORPORATION													
Principal Place of Business Mailing Address								]					
·			<del>-</del>	4141 NORTH MIAMI AVE									
4141 NORTH MIAMI AVE SUITE 307 MIAMI FL 33127-2869			SUITE 307 MIAMI FL 33127-2869					1 (20)2()) 2(2 (2)		38() 8(8)) 8(8))	EIVII SIVII SIKII VII		
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc				Suite, Apt. #. etc.					MOOF	RÉ	CR2E034		
City & State	e 			City & State  Zip Country			,	4. F	El Number 65-	0138334	<b>f</b>	No	plied For t Applicable
Z <sub>i</sub> p			Zip			try		1	ertificate of Status		<u>)</u>	\$8.75 Add Fee Require	
·	6. Name	it Registered /	legistered Agent				7. N	ame and Addres	s of New H	egistered	Agent		
GAE	RY, HOW	ADD V				Name							
414	1 NORTH	MIAMI AVE				Street Add	dress (	P.O. 80	ox Number is Not	Acceptable	;)		
MIAMI FL 33127-2869						City					FL	Zip Cod	э
<del></del>						<u> </u>						<del>-</del> }	
	named entitions of regisl	y submits this statement lered agent.	tor the purposi	e of changing its	registere	ed office of fi	egister	red age	int, or both, in the	State of His	orida. Fam	ramiliar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered ago	ni and little if applica	ble (NCT	E Registere	d Agent signature	required	y when too	rstaling)		DATE		
F	ILE NOW!	!! FEE IS \$150.00						-	A 51. 15. 0				
		04 Fee will be \$550.00	}					-	9. Election Ca	ampaign Fir Contributio			O May Be I to Fees
Make Check	k Payable te	o Florida Department	of State					1	trust r and	COMMISSIO			101663
10.		OFFICERS AN	D DIRECTORS		11.			ADE	DITIONS/CHANG	ES TO OFF	ICERS AN	DORECTOR	S IN 11
TITLE	CPT			☐ Delete	TOLE	[						Change	Addition
NAME	GARY, HO	WARD V.		NAN					(11)	0000027	2302	9 158.7	
STREET ADDRESS	4141 N M	AMI AVE STE 307	B			ET ADORESS			92702	/04-801	005-00	9 158.7	5
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NAME	GARY, HO	WARD V.											
STREET ADDRESS	1	AMI AVE STE 307				ZET ADORESS.							
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TITLE	VΡ	VP Delete IRL										Change	Addition
NAME	PAREKH, I	E }											
STREET ADDRESS													
CITY - ST - ZIP	MIAMI FL	33127-2869		<del>.</del>	CHA	- ST- 23P							
TITLE				Delete	กณ	3						Change	Addition
NAME					NAM	. }							
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS - ST - ZIP							
	<u> </u>		<del></del>		-1								<u> </u>
TITLE NAME				Delete	TITE	3						☐ Change	Addition
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TITLE	<del> </del>		<del></del> .	☐ Delete	TETL					·		Change	☐ Addition
NAME				TT DESERT	NAM	i						outligg	
STREET ADDRESS						EET ADORESS							
CITY-ST-ZIP					1	-ST-ZIP							
	nertify that th	e information supplied w	ith this filling de	nes not qualify to			d in Se	action 1	19 07(3)(i) Florid	la Statutes	Liuther ce	ertify that the i	nformation
12. I hereby certify that the information supplied with this filling 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.												or director r Block 11 if	
0101:		ANN.	200)			Howard	v.	Gar	ro 01	.21 20	nn/s 25	05.571.	1200
SIGNAT	UHE: _	- I Cone		<del> </del>					·		1V4 3	UJ - J / 1 -	1300

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