


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L03624					
1. Entity Name H.I.C. ELECTRONICS, INC.					
Principal Place of Business 7345 SW 19TH ST ROAD MIAMI FL 33155			Mailing Address 7345 SW 19TH ST ROAD MIAMI FL 33155		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0150075	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, ROBERT M. 9155 SO DALELAND BLVD STE 1012 MIAMI FL 33156			7. Name and Address of New Registered Agent 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, FRANK 7345 SW 19TH ST RD MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000072287 03/01/04-BU105-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EDWARDS, GAIL 7345 SW 19TH ST RD MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(f), 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: Gail Edwards **GAIL EDWARDS** 2-2104 5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #