

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

03-25-2004 90013 034 ***150.00

DOCUMENT # M21214
1. Entity Name:
HECTOR & HECTOR INC.



Principal Place of Business
7700 N KENDALL DR, SUITE 809
MIAMI, FL 33156
Mailing Address
7700 N KENDALL DR, SUITE 809
MIAMI, FL 33156

34062117



2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State
Zip Country

4. FEI Number: 59-2582588 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALAZAR, GERMAN A
7700 N KENDALL DR, SUITE 809
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: _____ 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

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include PSTD SARDINAS, HECTOR J and VD SARDINAS, HECTOR with fields for Title, Name, Street Address, City, St, Zip.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows for adding new officers/directors with fields for Title, Name, Street Address, City, St, Zip.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 employees.

SIGNATURE: _____ SIGNATURE AND TYPED (PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR