## **NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



## FILED Apr 19, 2006 8:00 am Secretary of State

1. Entity Name		04	-19-2006 90096 047	7 ****75.00
THE HYACINTHES INC				
DO NOT WRITE IN THIS SP	ACE			
		١٨ ١	1028626	
2. Principal Place of Business 3. Mailing Address 2 8 5 N.E. 64 STREET 2 8 5 N.E. 6	9th Street	) 61	INVORED	
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SI	PACE
NORTH MIAM. BEACH, FL NORTH MIAMIB		4. FEI Number 65-12		Applied For Not Applicable
273162 USA 33162	Country USA	5. Certificate of Sta		8.75 Additional
		7. Name and Addre	s of Current Registered	Agent
		ERZUlia HYACINTHE		
		(P.O. Box Number is Not Acceptable)		
IN THIS SPACE	2185	N.E. 169	th Street d	42
	City N.M	· B	FL	Zip Code 162
The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.	gistered office or registe	red agent, or both, in t	he state of Florida. I am fa	
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1			/ //-	. 7)/_ 1
SIGNATURE Menzulia Hyacinthe			3-30	1-0%
I SIGNATURE	Registered Agent signstaire require	d when reinstating)	DATE	)- U%
SIGNATURE Structure, hoped currented name of registered agent and the 4 applicable. (NOTE R	aign Financing	\$5.00 May Be	Maka Check	Payable to
SIGNATURE Structure, typed or winted name of registered agent and the 4 applicable. (NOTE R	aign Financing		DATE	Payable to
SIGNATURE Strutture, how or contributed name of registered agent and the 4 applicable. (NOTE R  FEE IS \$61.25  Initial or Amended UBR  OFFICERS AND DIRECTORS	naign Financing Intribution.	\$5.00 May Be	Maka Check	Payable to ment of State
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SIGNATURE Software, typed or ented name of registered agent and the 4 applicable. (NOTE R  FEE IS \$61.25 Initial or Amended UBR  10. OFFICERS AND DIRECTORS  IIILE NAME HYAC; NTNE, HER ZUN A  STREET ADDRESS 2185 N.E. 169 th Sweet # 2	ntribution.  TITLE NAME STREET ADDRESS	\$5.00 May Be	Maka Check	Payable to ment of State
SIGNATURE Software, typed or printed name of registered agent and the 4 applicable. (NOTE R  FEE IS \$61.25 Initial or Amended UBR  10. OFFICERS AND DIRECTORS  IIILE NAME HYAC: NTNE, HER ZU: A  STREET ADDRESS 2185 N.E. 16917 SWEET# 2  CITY-ST-ZP N.M.B, FL 33162	naign Financing Intribution.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be	Maka Check	Payable to ment of State
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

HERZULIA HYACINTHE 3-30-06 305-994-9389 SIGNATURE:

CITY-ST-ZIP