

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005007

Entity Name: HITA CHARITIES, CORP.

FILED
Jan 22, 2005
Secretary of State

Current Principal Place of Business:

4382 MAHOGANY RIDGE DR.
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

4382 MAHOGANY RIDGE DR.
WESTON, FL 33331

New Mailing Address:

FEI Number: 41-2157514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZEI, GLADYS E
4382 MAHOGANY RIDGE DR.
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAZZEI, GLADYS E
Address: 4382 MAHOGANY RIDGE ROAD
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: HENAO, CONSUELO
Address: 4382 MAHOGANY RIDGE ROAD
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: MAZZEI, EDMUND JR.
Address: 4382 MAHOGANY RIDGE ROAD
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: MAZZEI, GLADYS E
Address: 4382 MAHOGANY RIDGE ROAD
City-St-Zip: WESTON, FL 33331

Title: DVP (X) Change () Addition
Name: HENAO, CONSUELO
Address: 4382 MAHOGANY RIDGE ROAD
City-St-Zip: WESTON, FL 33331

Title: DS (X) Change () Addition
Name: MAZZEI, EDMUND JR.
Address: 4382 MAHOGANY RIDGE ROAD
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS E MAZZEI

PRES

01/22/2005

Electronic Signature of Signing Officer or Director

Date