## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 17, 2004 8:00 am Secretary of State DOCUMENT # P01000004273 02-17-2004 90016 027 \*\*\*150.00 H & D CARD, CORP. Principal Place of Business Mailing Address 5445 COLLINS AVENUE #1601 1691 MNE 123RD ST MIAMI BEACH, FL 33140 N MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apl. #, etc. 02052004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1067771 Not Applicable Country \$8.75 Additional---5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SURRACO, CARLOS HUGO Street Address (P.O. Box Number is Not Acceptable) 5445 COLLINS AVENUE #1601 MIAMI BEACH, FL 33140 City 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title #applicable. (NOTE: Registered Agent signature required when reinstaing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DTLE ☐ Defete TITLE ☐ Change ☐ Addition NAME SURRANCO, CARLOS HUGO NAME 5445 COLLINS AVENUE #1601 STREET ADDRESS STREET ADDRESS City-St-ZiP MIAMI BEACH, FL 33140 City-ST-ZIP VPD Delete TITLE TITLE ☐ Change Addition SLULLITEL, DARDO NAME NAME STREET ADDRESS 5445 COLLINS AVENUE #1601 STREET ADDRESS CHY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP DDE Delete TETE F ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-st-ZP TITLE Delcte TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-78 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CRY-SI-ZP CITY-S1-ZP Delete TITLE THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ress, with all other like empowered. changed, or on an attachment with an 2/6/04 305 8932669 Daywere Phone # SIGNATURE: G OFFICER-OR DIRECTOR

**FILED**