## **2004 FOR PROFIT CORPORATION**

## Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000020993** 1. Entity Name 04-29-2004 90210 033 \*\*\*150.00 HEDLUND TECHNOLOGIES, INC. Principal Place of Business Mailing Address 625 NW 16 AVE 625 NW 16 AVE JAALLAAAI MIAMI, FL 33125 MIAMI, FL 33125 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1088101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent BORDEN, DILLARD R JR DO NOT WRITE .625,NW 16 AVE \_ MIAMI, FL 33125 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | Senseth C. Borden, F.g. | 33011 Hialeah FL Signature, typed or printed name of registered a 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME BORDEN, DILLARD R JR STREET ADDRESS 625 NW 16 AVE CITY-ST-ZIP MIAMI, FL 33125 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN-THIS-SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 642-7822

**FILED**