

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90075 026 ***150.00

DOCUMENT # P01000048317	
1. Entity Name HAKE INC.	
	
Principal Place of Business 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134	Mailing Address 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134

24074325



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1103755	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL
2121 PONCE DE LEON BLVD
STE 330
CORAL GABLES, FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

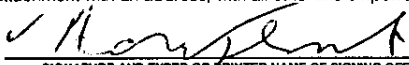
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HORST, EYLERTS 10500 SW 128TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EYLERTS, KIRSTEN 10500 SW 128TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134
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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **HORST EYLERTS** **MAY 22, 2004** **(786) 242-7451**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #