

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90175 042 ***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		
2. Principal Place of Business 10500 SW 128th FEA		3. Mailing Address 10500 SW 128th FEA			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-1103755	
Zip 33176		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name HORST EYLERTS Street Address (P.O. Box Number is Not Acceptable) 10500 SW 128th FEA City MIAMI FL Zip Code 33176			
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 <u><i>[Signature]</i></u> HORST EYLERTS, PRESIDENT APR. 25, 2005 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EYLERTS, HORST 10500 SW 128TH STREET MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EYLERTS, KIRSTEN 10500 SW 128TH STREET MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134	☒ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u><i>[Signature]</i></u> HORST EYLERTS 4/25/05 786 242 3983 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

50044459



04252005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable