2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90004 028 ***150.00

DOCUMENT # P01000057902

1. Entity Name
HAND HELD DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
777 NE 62ND ST C212 MIAMI, FL 33138	777 NE 62ND ST C212 MIAMI, FL 33138

05192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
300 LAYNE BLVD.	300 LAYNE BLVD.
Suite, Apt. #, etc.: #116	Suite, Apt. #, etc.: #116
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country: US	Zip: 33009 Country: US

4. FEI Number 65-1112512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSIC, CARLOS 777 NE 62ND STREET C-212 MIAMI, FL 33138	Name: JOSIC, CARLOS Street Address (P.O. Box Number is Not Acceptable): 300 LAYNE BLVD. #116 City: Hallendale FL Zip Code 33009

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 ______________________
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	JOSIC, CARLOS	NAME	JOSIC, CARLOS
STREET ADDRESS	777 NE 62ND STREET, C212	STREET ADDRESS	300 LAYNE BLVD. #116
CITY-ST-ZIP	MIAMI, FL 33138	CITY-ST-ZIP	Hallandale, FL 33009
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 5/19/2005 9544586928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #