

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061388

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: HAPSA, INC.

**Current Principal Place of Business:**

1540 SAN REMO AVE APT 10  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

9300 S. DADELAND BLVD.  
304  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-1114179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REEVES, VIOLETA  
1540 SAN REMO AVE APT 10  
CORAL GABLES, FL 33146

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REEVES, VIOLETA  
Address: 1540 SAN REMO AVE APT 10  
City-St-Zip: CORAL GABLES, FL 33146

Title: STD ( ) Delete  
Name: MONTEVERDE, MARTIN  
Address: 11060 MARIN ST  
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete  
Name: MONTEVERDE, ERNESTO  
Address: 11060 MARIN ST  
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete  
Name: ROBYN, ALEXANDER  
Address: 11060 MARIN ST  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIOLETA REEVES

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

PDT

04/07/2004

\_\_\_\_\_ Date