

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90028 003 ***158.75

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1. Entity Name
H. FUNDS, INC.



Principal Place of Business

7330 W 20 AVE
HIALEAH, FL 33016-1835
8049 N.W. 155th
MIAMI LAKES, FL 33016

Mailing Address

7330 W 20 AVE
HIALEAH, FL 33016-1835
(Same)

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1149023

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

RINEHART, WAYNE
7330 W 20 AVE
HIALEAH, FL 33016-1835

**DO NOT WRITE
IN THIS SPACE**

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
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	DPS
NAME	RINEHART, WAYNE
STREET ADDRESS	7330 W 20 AVE 8049 NW 155th
CITY-ST-ZIP	HIALEAH, FL 33016-1835 MIAMI LAKES, FL 33016
TITLE	DVPT
NAME	Costa, Reinaldo
STREET ADDRESS	8049 N.W. 155th
CITY-ST-ZIP	M. Lakes, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04
Date

305-578-4092
Daytime Phone #