


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 028 \*\*\*158.75

<b>DOCUMENT # P01000098211</b>	
1. Entity Name <b>H. FUNDS, INC.</b>	

Principal Place of Business <b>7330 W 20 AVE HIALEAH, FL 33016-1835</b>	Mailing Address <b>7330 W 20 AVE HIALEAH, FL 33016-1835</b>
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**50002173**

2. Principal Place of Business <b>14160 NW 77 CT, Suite, Apt. #, etc. PH 32</b>	3. Mailing Address <b>14160 NW 77 CT Suite, Apt. #, etc. PH-32</b>
City & State <b>MIAMI LAKES, FL</b>	City & State <b>MIAMI LAKES, FL</b>
Zip <b>33016</b>	Zip <b>33016</b>



01052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1149023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>RINEHART, WAYNE 7330 W 20 AVE HIALEAH, FL 33016-1835</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) <b>14160 NW 77 CT, PH-32</b> City <b>MIAMI LAKES</b> FL Zip Code <b>33016</b>
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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 resigning) 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	DPS RINEHART, WAYNE 8040 NE 155 ST HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14160 NW 77 CT, PH-32 MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT COSTA, REINALDO 8040 NW 155 ST HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14160 NW 77 CT, PH-32 MIAMI LAKES, FL 33016</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**1/10/05 305 5584092**



**ATTACHMENT**  
**Division of Corporations**

50002173

**2005 Annual Report**

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P01000098211
Business Entity Name	H. FUNDS, INC.
Original File Date	10/08/2001

FEI Number 65-1149023

Principal Address 7330 W 20 AVE  
HIALEAH, FL 330161835

Mailing Address 7330 W 20 AVE  
HIALEAH, FL 330161835

Registered Agent WAYNE RINEHART  
7330 W 20 AVE  
HIALEAH, FL 330161835 US

**Officer/Director Name And Address**

DPS  
WAYNE RINEHART  
8049 NE 155 ST.  
HIALEAH, FL 33016

DVPT  
REINALDO COSTA  
8049 NW 155 ST.  
HIALEAH, FL 33016

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select: