


2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91013 012 \*\*\*150.00

**DOCUMENT # P01000099397**

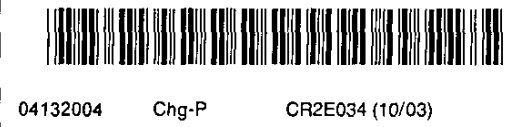
1. Entity Name  
**H & L REAL ESTATE INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**6712 DOGWOOD DRIVE**      **6712 DOGWOOD DRIVE**  
**MIRAMAR, FL 33023**      **MIRAMAR, FL 33023**

2. Principal Place of Business      3. Mailing Address  
**641 SW 94 AV**      **641 SW 94 AV**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PEMBROKE PINES FL**      **PEMBROKE PINES FL**  
 Zip      Country      Zip      Country  
**33025**      **US**      **33025**      **US**



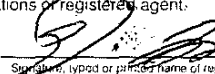
4. FEI Number      Applied For  
**65-1145363**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DHARAMDATH, HANOMAN**  
**6712 DOGWOOD DRIVE**  
**MIRAMAR, FL 33023**

7. Name and Address of New Registered Agent  
 Name  
**HANOMAN DHARAMDATH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**641 SW 94 AV**  
**PEMBROKE PINES FL 33025**  
 City      State      Zip Code  
    **FL**

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:       DATE: **4-18-04**

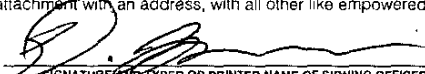
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HANOMAN, DHARAMDATH</b> <b>6712 DOGWOOD DRIVE</b> <b>MIRAMAR, FL 33023</b> <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
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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:       DATE: **4-18-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #