2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000101715

HELLO SHOPS II, INC.



FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAMI, FL 33158

Mailing Address

14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAMI, FL 33158



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (10/03) 04062004 Applied For 4. FEI Number 65-1148749 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305232,5559 Daytime Phone #

HOCHSTETTER, BILL 14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAMI, FL 33158

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					
Signature, typed or printed name or registered agent and their adopticable (NOTE registered Agent signature required when remaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Pinanc Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U00000110805 04/12/04-80098-013 150.00
10.	OFFICERS AND DIREC	CTORS			-
NAME STREET ADDRESS CITY-ST-ZIP	STD HOCHSTETTER, BILL 14601 SOUTH DIXIE HIGHWAY #223 MIAMI, FL 33158				
TITLE NAME STREET ADDRESS CITY ST. ZIP	PD HOCHSTETTER, DIANA 14601 SOUTH DIXIE HIGHWAY #223 MIAMI, FL 33158	ı			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS 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.					

Hochitetter