

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90033 032 ***150.00

DOCUMENT # P02000022106 1. Entity Name MS-HHA II, INC.																																																																																																																																																											
Principal Place of Business 1666 KENNEDY CAUSWAY 302 NORTH BAY VILLAGE, FL 33141			Mailing Address 1666 KENNEDY CAUSWAY 302 NORTH BAY VILLAGE, FL 33141																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc. 305			3. Mailing Address Suite, Apt. #, etc. 305																																																																																																																																																								
City & State 305			City & State 305																																																																																																																																																								
Zip 305		Country 305		4. FEI Number 02-0613265																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent THE LAW OFFICES OF CRAIG M. DORNE, PA 407 LINCOLN ROAD PHSE MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																								
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 reinstating) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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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 changes like empowered.																																																																																																																																																											
SIGNATURE: _____ 4/15/04 305-993-7900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											