2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State
02-26-2004 90023 017 ***150.00

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1. Entity Name
H&H DEVELOPMENT CO.

94020434

Principal Place of Business	Mailing Address
4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146	16100 NE 16 AVE N MIAMI BEACH, FL 33162

02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2366214
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, HARVEY
~~2900 DOUGLAS ROAD SUITE 204~~
~~CORAL GABLES, FL 33134~~
Correct Address: 4535 Ponce de Leon Blvd.
Coral Gables, FL 33146

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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 _____
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	D	
NAME	HERNANDEZ, HARVEY	
STREET ADDRESS	~~2900 DOUGLAS ROAD SUITE 201~~	4535 Ponce de Leon Blvd.
CITY-ST-ZIP	~~CORAL GABLES, FL 33134~~	Coral Gables, FL 33146
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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: _____ 2/18/2004 305-740-0819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #