

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053620

Entity Name: H & M ASSOCIATES, INC.

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

1040 NW 134 AVE.  
MIAMI, FL 33182

**New Principal Place of Business:**

10825 NW 29TH STREET  
MIAMI, FL 33172

**Current Mailing Address:**

1040 NW 134 AVE.  
MIAMI, FL 33182

**New Mailing Address:**

10825 NW 29TH STREET  
MIAMI, FL 33172

FEI Number: 35-2168882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORNE, MARTA M  
1040 NW 134 AVE.  
MIAMI, FL 33182

**Name and Address of New Registered Agent:**

TORNE, MARTA M  
10825 NW 29TH STREET  
MIAMI, FL 33172

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REY, HERNAN A  
Address: 1040 NW 134 AVE.  
City-St-Zip: MIAMI, FL 33182

Title: SD ( ) Delete  
Name: TORNE, MARTA M  
Address: 1040 NW 134 AVE.  
City-St-Zip: MIAMI, FL 33182

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: REY, HERNAN A  
Address: 10825 NW 29TH STREET  
City-St-Zip: MIAMI, FL 33172

Title: SD (X) Change ( ) Addition  
Name: TORNE, MARTA M  
Address: 10825 NW 29TH STREET  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA M. TORNE

Electronic Signature of Signing Officer or Director

SD

04/28/2004

Date