


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 27, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P02000054202**  
1. Entity Name  
**HIDARI HOLDINGS, INC.**



Principal Place of Business      Mailing Address  
**3050 MICHIGAN AVE  
KISSIMMEE, FL 34744**      **3050 MICHIGAN AVE  
KISSIMMEE, FL 34744**

**DO NOT WRITE IN THIS SPACE**



01192004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**04-3673525**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**HAYES, ROBERT S  
441 W VINE ST  
KISSIMMEE, FL 34741**

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	D OXLEY, PAUL 3050 MICHIGAN AVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST OXLEY, PAUL 3050 MICHIGAN AVE KISSIMMEE, FL 34744
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04/27/04-80104-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Paul Oxley      **PAUL OXLEY**      **APRIL 23 04**      **407 518 7433**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #