

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086068

Entity Name: THE HIP TOURIST, INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

903 SIMONTON STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

903 SIMONTON STREET
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 27-0021596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, JAIME
1527 VON PHISTER
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

WILLIAMS, JAIME
1613 ROSE ST.
KEY WEST, FL 33040 US

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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, JAIME
Address: 1527 VON PHISTER
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: FERNANDEZ, CATHY
Address: 912 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILLIAMS, JAIME
Address: 1613 ROSE ST.
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAIME WILLIAMS

DIR

04/29/2004

Electronic Signature of Signing Officer or Director

Date