
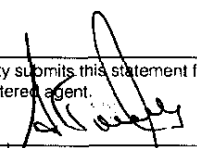
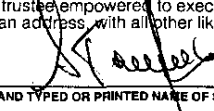


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90206 002 \*\*\*150.00

<b>DOCUMENT # P02000102971</b> 1. Entity Name <b>HI-Q SIGN SUPPLIES, INC.</b>																																																					
Principal Place of Business <b>12310 SW 132 COURT</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>12310 SW 132 COURT</b> <b>MIAMI, FL 33186 US</b>																																																		
2. Principal Place of Business <b>8268 NW 70 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>8268 NW 70 ST</b> Suite, Apt. #, etc.																																																			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>22-3872685</b>																																																	
Zip <b>33166</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																	
6. Name and Address of Current Registered Agent  <b>MORALES, SERGIO A</b> <b>12310 SW 132ND COURT</b> <b>MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent Name <b>ANDRES TICONA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8268 NW 70 ST</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>																																																	
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  DATE <b>04/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD</b>  <b>MORALES, SERGIO A</b>  <b>12310 SW 132 COURT</b>  <b>MIAMI, FL 33186</b> </td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>MORALES, SERGIO A</b> <b>12310 SW 132 COURT</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD</b>  <b>ANDRES TICONA</b>  <b>8268 NW TICONA</b>  <b>MIAMI, FL 33166</b> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ANDRES TICONA</b> <b>8268 NW TICONA</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																					
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>04/29/04</b> Daytime Phone #: <b>305 406 0155</b>																																																		