## 2004 FOR PROFIT CORPORATION

## Sep 02, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000107817** 09-02-2004 90071 008 \*\*\*550.00 H & M PURCHASING, INC. Mailing Address Principal Place of Business 9050 NORTHEAST 8TH AVENUE 9050 NORTHEAST 8TH AVENUE SUITE 6 SUITE 6 MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 3. Mailing Address 2. Principal Place of Business 855 NE 125th 855 NE Suite, Apt. #, etc. Suite, Apt. #, etc. 08242004 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State N. MIAMI 14-1850868 7 Not Applicable N. MIAM Country \$8.75 Additional Zio 5. Certificate of Status Desired 3161 USA Fee Required しめいとと MSA-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR ---MIAMI, FL 33145 City Zio Code 8. The above named entity submits this statement for the ourpose 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 (NOTE: Registered Agent signal-we required when reinstaling) Signature, typed or printed name of registered agent and the ill applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE PTD TITLE ☐ Delete PAINSON, HENRI JOSEPHE 855 NE 125th st PAINSON HENRIJOSEPH I NAME . MALKE STREET ADDRESS STREET ADDRESS 9050 NORTHEAST 8TH AVENUE #6 CITY-ST-7P N. MIAMI, FL 33161 CITY-ST-ZIP MIAMI SHORES, FL 33138 **⊠** Change ☐ Addition TITLE VSD ☐ Delete TITLE ROUZIER GONTRAN P. M. KAME ROUZIER, GONTRAN P. M. NAME STREET ADDRESS 9050 NORTHEAST 8TH AVENUE #6 STREET ADORESS CITY-ST-ZIP CITY-ST-78 MIAMI SHORES, FL 33138 N. MIANI, FL 33161 ☐ Addition TILLE Change nn e ☐ De!ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition ☐ Delete BILE TITLE NAME KALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP ☐ Change ☐ Addition Delete TIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De'ete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 be 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 an other like empowered.

FILED

HENRI TAINSON 305-892-2520 SIGNATURE: