

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000108489

1. Entity Name
HICORP INDUSTRIES, INC.



FILED

05 JAN 11 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**15270 CRICKET LANE
FT MYERS, FL 33919**

Mailing Address
**PO BOX 62118
FT MYERS, FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12142004

Chg-P

CR2E034 (10/03)

4. FEI Number
20-1059952

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NARGI, ARMANDO II
15270 CRICKET LANE
FT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$81.25

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
**RD
NARGI, ARMANDO
P O BOX 62118
FT MYERS, FL 339062118**

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2005
Annual Report

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 11 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03 000100574**

1. Corporation Name
L.A.B. Maintenance, Corp.

2. Principal Office Address 4810 NW 79TH AV.		3. Mailing Office Address 4810 N.W 79TH AV.	
Suite, Apt. #, etc. Block 3 Apt. 305		Suite, Apt. #, etc. Block 3 Apt. 305	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country Dade	Zip 33166	Country Dade

4. Date Incorporated or Qualified To Do Business in Florida **9/12/2003**

5. FEI Number **20-0227214**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

Applied For ☐ Not Applicable ☐

7. Name and Address of Current Registered Agent

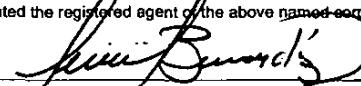
Name **Luis A Benavides**

Street Address (P.O. Box Number is Not Acceptable)
4810 NW 79TH Avenue

Suite, Apt. #, Etc.
Block 3 Apt. 305

City **MIAMI FL** State **FL** Zip Code **33166**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **1/6/2005**

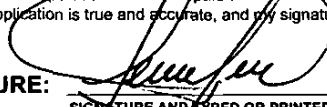
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Luis A Benavides	4810 NW 79TH Avenue Block 3 Apt. 305	MIAMI FL 33166
V	MATILDE A de Benavides	4810 NW 79TH Avenue Block 3 Apt. 305	MIAMI FL 33166

300044502573
01/11/05--01019--004 **150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:  **1/6/2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (01/05)