

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90208 043 ***150.00

DOCUMENT # P02000134441	
1. Entity Name HYLART ENTERPRISES TWO, INC.	



Principal Place of Business 111 N POMPANO BCH BLVD #1801 POMPANO BEACH, FL 33062	Mailing Address 111 N POMPANO BCH BLVD #1801 POMPANO BEACH, FL 33062
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44044058



2. Principal Place of Business 1970 NW 22ND ST Suite, Apt. #, etc.	3. Mailing Address 1970 NW 22ND ST Suite, Apt. #, etc.
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04272004 Chg-P CR2E034 (10/03)

City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33069	Country USA

4. FEI Number 82-0579447	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STUPARTIZ, ALAN D 900 E ATLANTIC BLVD, STE 17 POMPANO BEACH, FL 33060	
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7. Name and Address of New Registered Agent	
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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLTZ, HYLDA S 111 N POMPANO BCH BLVD #1801 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLTZ, HYLDA S 111 N POMPANO BCH BLVD #1801 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Hylde J. Holtz</i></u>	Date: <u>4/28/04</u>	Daytime Phone #: <u>954-975-0042</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR