

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/30/2004 00:04:02 \$150.00 \$150.00


APPROVED
AND
FILED

05 MAY 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272004 Chg-P CR2E034 (10/03) *MRS*

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # P03000022580 | | | |  | |
| 1. Entity Name HIDER STATION, INC. | | | | | |
| Principal Place of Business 12305 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 | | | Mailing Address 12305 SOUTH DIXIE HIGHWAY MIAMI, FL 33156 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 34-2039682 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| GORMAN, LENARD H 1320 SOUTH DIXIE HIGHWAY, PENTHOUSE 1275 CORAL GABLES, FL 33146 | | | 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 officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <i>C. Begelman</i> | | SIGNATURE: <i>C. Begelman</i> | | 4/24/04 5/31/04 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | | Daytime Phone # | |

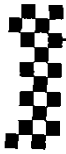
REINSTATEMENT 04-05

400054669964
05/17/05-01033-016 **150.00

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AND
FILED

05 MAY 10 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



292

HIDER STATION, INC.
12305 SO. DIXIE HWY
MIAMI, FLORIDA 33156
PHONE (305) 255-4145
FACIMILE (305) 255-9165

FACSIMILE TRANSMITTAL SHEET

| | | | |
|---------------|--------------------------|-------------------------------------|----------------|
| TO: | Ruby Dunlap | FROM: | Carol Begelman |
| COMPANY: | Division of Corporations | DATE: | 5/5/05 |
| FAX NUMBER: | 850-245-6017 | TOTAL NO. OF PAGES INCLUDING COVER: | 2 |
| PHONE NUMBER: | 850-245-6059 | SENDER'S REFERENCE NUMBER: | |
| RE: | Document #P03000022580 | YOUR REFERENCE NUMBER: | |

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS

Dear Ruby,

Regarding the above referenced Document Number, attached is a copy of the corrected 2004 UBR for Hider Station, Inc. The correction requested, in your letter of May 11, 2004, was made by us on May 31, 2004, and returned by mail to the Division of Corporations on that date.

Sincerely,

Carol Begelman