- 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

3/3

| 1. Entity Nam | MENT # P0300004 HING ADVANTAGE, INC. | | | | 03-03-20 | 04 90012 | ! 014 ** | *150.00 | |
|--|--|---|------------------------------|--|----------------------|----------------------|--|-------------------------|-------------------------|
| Principal Plac | e of Business | | | | | | | | |
| 1111 NW 10 PLANTATION | 8TH AVENUE , FL 33322 | 1111 NW 108TH AVENUE PLANTATION, FL 33322 | | | 66405862 | | | | |
| 2. Principal P. | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02262004 | Chg-P | CR2E034 | (10/03) | |
| City & State | | City & State | | | 4. FEI Number 30 - 0 | 16944 | ح- | | olied For Applicable |
| Zip | Country | Zip | Country | | | Status Desired | U Fe | 3.75 Addi e Required | tional |
| | 6. Name and Address of Curren | | varne | 7. Name and A | ddress of New Re | gistered Ag | mt | | |
| GERMAN, ROBERT | | | | | | | | | |
| 1111 NW 108TH AVENUE PLANTATION, FL 33322 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | - | City | | | FL | Zip Code | |
| 8. The above the obligat | named entity submits this statement ions of registered agent. | for the purpose of changing its | registered o | office or registere | ed agent, or both, | in the State of Flor | | niliar with, a | and accept |
| SIGMATI IDE | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 | | ribution | | 00 May Be | manami ek | The state of the s | rnski nou | ్పెఫ్. |
| 10. | EMETOWN NEEDS OFFICERS AN | rmalina (i o rearing can can D DIRECTORS (a) o all all allegen | 31.503 | CONTRACTOR OF THE CONTRACTOR O | ADDITIONS/C | HANGES TO OFFIC | CERS AND D | RECTORS | IN 11 |
| NAME > 200503 STREET ADDRESS CITY-ST-ZIP | P GERMAN, ROBERT 1111 NW 108TH AVENUE PLANTATION, FL 33322 | ☐ Detete | TITLE NAME STREET AL | DORESS | | | |] Change | Addition |
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| CITY-ST-ZIP | | • • • | CITY-ST- | | | | | |]. |
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| STREET ADORESS CITY-ST-ZIP | େ । ଜୟୟ' ଚଠିଆହିନ୍ଦି ଆଧାରଣ ଜୟୟ' ଚଠିଆହିନ୍ଦି | | STREET AI CITY-ST- | DORESS | | | · • • |] 🗱 🐪 | Cijesti,ts |
| | certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address | | as required | by Chapter 607 | | | further certify | that the inf | |