

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061964	
1. Entity Name HINCAPIE*CHIPS, INC.	



Principal Place of Business 16802 SW 107 PLACE MIAMI, FL 33157	Mailing Address 16802 SW 107 PLACE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE

FILED
05 JUL -6 PM 2:15
SECRET
FALL 2005

07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2364370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HINCAPIE, HECTRO A 16802 SW 107 PLACE MIAMI, FL 33157	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HINCAPIE, HECTOR A 16802 SW 107 PLACE MIAMI, FL 33157
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800057341918
07/12/05--01026--032 **150.00

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:
Hector Hincapie
President

Date _____ Daytime Phone # _____