2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099464

Entity Name: H & N ACCOUNTING AND FINANCIAL SERVICES, INC

FILED Mar 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

935 NE 125TH STREET NORTH MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

12505 NW 4 AVENUE 935 NE 125 STREET NORTH MIAMI, FL 33168 NORTH MIAMI, FL 33161

FEI Number: 20-0217654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOLIVAR, HERIN

12505 NW 4 AVENUE

NORTH MIAMI, FL 33168 US

SANON, ELMISE

935 NE 125 STREET

NORTH MIAMI, FL 33161 US

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.

SIGNATURE: ELMISE SANON 03/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 CEO () Delete
 Title:
 P (X) Change () Addition

 Name:
 BOLIVAR, HERIN
 Name:
 SANON, ELMISE

 Address:
 44505 NM 4 A N/SNUT
 Address:
 235 NM 425 NM 425 NM 525 N

 Address:
 12505 NW 4 AVENUE
 Address:
 935 NE 125 STREET

 City-St-Zip:
 NORTH MIAMI, FL 33168
 City-St-Zip:
 NORTH MIAMI, FL 33161

Title: () Delete Title: VP () Change (X) Addition

Name: OLMANN, NADINE

Address: Address: 8950 NE 8 AVENUE, UNIT 307

City-St-Zip: City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELMISE SANON P 03/01/2004