

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108118 1. Entity Name HND INVESTMENTS, INC.	
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Principal Place of Business
5400 S. UNIVERSITY DR.
SUITE 310
DAVIE, FL 33328

Mailing Address
5400 S. UNIVERSITY DR.
SUITE 310
DAVIE, FL 33328



02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0270446	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MONSEGUE, HAYDEN
110 SW 91 AVENUE
303
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

D. Walker
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agents signature required when re-registering)

02/22/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MONSEGUE, HAYDEN 110 SW 91 AVENUE 303 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALKER, DEREK 9012 SOUTHERN ORCHARD ROAD N DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000450589
03/10/06-80012-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

D. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/06 + 954 434 5550
Daytime Phone #