


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91063 010 ***150.00

DOCUMENT # 903000113787.	
1. Entity Name HIC Professional Design Corp.	

DO NOT WRITE IN THIS SPACE

94082741

2. Principal Place of Business 4235 NORTH UNIVERSITY DRIVE		3. Mailing Address 4235 NORHT UNIVERSITY DRIVE	
Suite, Apt. #, etc. APT. # 311		Suite, Apt. #, etc. APT. # 311	
City & State SUNRISE FLORIDA	City & State SUNRISE FLORIDA		
Zip 33351	Country USA	Zip 33351	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 20-0305126		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name JOSE I HERRERA		
Street Address (P.O. Box Number is Not Acceptable)			
7621 NW 42ND PLACE, APT. # 124E			
City SUNRISE FL Zip Code 33351			

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/04

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE I HERRERA (PRESIDENT) 7621 NW 42ND PLACE, APT. # 124E SUNRISE, FLORIDA 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAUL A HERRERA (VICE-PRESIDENT) 4235 NORTH UNIVERSITY DRIVE, APT. #311 SUNRISE, FLORIDA 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/04 954-742-2720

CR2E034B (12/02)