

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

04-30-2004 90336 033 ***150.00

DOCUMENT # P03000122568 1. Entity Name HCUD RETAIL, INC.																											
Principal Place of Business HORIZON ONE BUILDING 6100 HOLLYWOOD BOULEVARD, SUITE 430 HOLLYWOOD, FL 33024		Mailing Address HORIZON ONE BUILDING 6100 HOLLYWOOD BOULEVARD, SUITE 430 HOLLYWOOD, FL 33024																									
2. Principal Place of Business HCUD RETAIL INC. Suite, Apt. #, etc. 407 City & State HOLLYWOOD FL Zip 33024		3. Mailing Address 6100 HOLLYWOOD BLVD Suite, Apt. #, etc. City & State Zip Country BROWARD																									
4. FEI Number 20-0358912		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET, SUITE 2900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ DATE _____ Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> V/S/T NICOLAS TOPIC 6100 HOLLYWOOD BLVD #407 HOLLYWOOD FL 33024 ☐ Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> President Leon Felie 6100 HOLLYWOOD BLVD #407 HOLLYWOOD FL 33024 ☐ Delete </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S/T NICOLAS TOPIC 6100 HOLLYWOOD BLVD #407 HOLLYWOOD FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Leon Felie 6100 HOLLYWOOD BLVD #407 HOLLYWOOD FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: _____ 4/29/04 9549867510 SIGNATURE AND TYPE OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR																											

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