07-06-2004 90113 045 ***150.00
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000131732

1. Entity Name
HEART OF DAVID, INC.

Principal Place of Business	Mailing Address
4954 N. UNIVERSITY DRIVE LAUDERHILL, FL 33354	4954 N. UNIVERSITY DRIVE LAUDERHILL, FL 33354

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0386861 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORALES, JIMMY 9355 SW 8TH STREET #104 BOCA RATON, FL 33428	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	☐ Delete	TITLE	VP	☐ Change ☑ Addition
NAME	MORALES, JIMMY		NAME	John Morales	
STREET ADDRESS	9355 SW 8TH STREET #104		STREET ADDRESS	4954 N. University Dr	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Lauderhill, FL 33354	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MORALES, FREDDY		NAME		
STREET ADDRESS	8184 SCENIC DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33426		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: F. Morales VP 6-30-04 954-572-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7-28-04

Ref # P03000131732

Dear: FL Dept of State,

As per your request, we are writting a letter to ask for the fee of $400.00 to be waived since we did not received this notice until the second week of July.

We want to thank you for all your help.

Sincerely,

Jeimmy Mendez
c/o Heart of David Inc