



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 014 ***150.00

DOCUMENT # P04000019974					
1. Entity Name HEIGHT OLFER, INC.					
Principal Place of Business 8929 SW 108 CIRCLE MIAMI, FL 33176			Mailing Address 6854 W. FLAGLER STREET MIAMI, FL 33144		
2. Principal Place of Business 10341 SW 147 Ct Circle #16 Suite, Apt. #, etc. 16		3. Mailing Address 10341 SW 147 Ct Circle #16 Suite, Apt. #, etc. 16		40061063 	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-0766922	
Zip 33196		Country USA		Applied For Not Applicable	
City & State MIAMI FL		City & State MIAMI FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORA, ROSA 8929 SW 108 CIRCLE MIAMI, FL 33176			7. Name and Address of New Registered Agent Name: JIMENO FERNANDO Street Address (P.O. Box Number is Not Acceptable): 10341 SW 147 Ct Circle #16 City: MIAMI FL Zip Code: 33196		
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: <i>[Signature]</i> DATE: 4-21-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORA, OLGA L 8929 SW 108 CIRCLE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10341 SW 147 Ct Circle #16 MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JIMENO, FERNANDO 8929 SW 108 CIRCLE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10341 SW 147 Ct Circle #16 MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORA, ROSA 8929 SW 108 CIRCLE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10341 SW 147 Ct Circle #16 MIAMI FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>[Signature]</i>			4-10-06 X		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		