## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Jul 05, 2005 8:00 am **Secretary of State**

## **DOCUMENT # P04000035664** 07-05-2005 90225 024 \*\*\*158.75 1. Entity Name HI A'S ENTERPRISE OF ORLANDO, INC Principal Place of Business Mailing Address 20061509 731 XAVIOR AVE 731 XAVIOR AVE APT A APT A ORLANDO, FL 32807 ORLANDO, FL 32807 2. Principal Place of Business 3. Mailing Address 3344 Lakeunder-Hilled Suite, Apt. #, etc. 06132005 CR2E034 (10/03) Man to 4. FEI Number Applied For F **3**0-078208 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Orning Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SANCHEZ, LUIS B 731 XAVIOR AVE APT A ORLANDO, FL 32807 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. Lam familiar the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registored Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Hi A's Enter proseof. SANCHEZ, LUIS B NAME NAME 731 XAVIOR AVE APT A Orland Inc. 5344 Lakeund STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32807 CITY-ST-ZIP LO Orlando Fl 32807 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 MAME NAME

CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

☐ Delete

☐ Delete

OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

Daytime Prione #

☐ Change

Change

☐ Addition

☐ Addition

Hi A's Enterprise of Orlando, INC.

5344 Lakeunderhill rd, Orlando, FL. 32807 tel; (407) 739-6384

as a companie we din't know that we had to re incorporeit or wen it was to be done please excuse us thi is awer This letter is to apalajise for re incorporeate leight we This well never hapen again. WE called youre ofice and was tollthe we neded to pay 150.00 dollars. fist year in bisness we are only learning. Heare is awere cheak for thi amaonte.

ATTACHMENT 2006500 4PD400003

thank you verry much. S. Luis B Sanchez

president