

FROM : HUNTER-ENTERPRISES

FAX NO. : 9549220925

FILED
Jun 24, 2005 8:00 am
Secretary of State

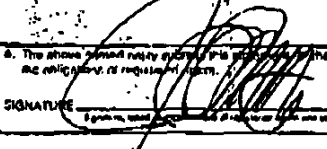
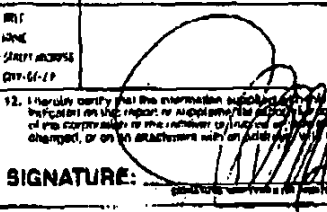
FROM : HUNTER-ENTERPRISES

FAX NO. : 9549220925

05-02-2005 90556 041 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

5/1/01

DOCUMENT # P04000041428			
1. Entity Name HUNTER ENTERPRISES USA, INC.			
Principal Place of Business 1905 MONROE ST HOLLYWOOD, FL 33020		Mailing Address 1905 MONROE ST HOLLYWOOD, FL 33020	
3. Principal Place of Business		3. Mailing Address	
Subs. Ad. P. No.		Subs. Ad. P. No.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing and Address of Current Registered Agent VOLOVITZ, MICHAEL 1905 MONROE ST HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____	
6. Certificate of Status Update ☒ \$8.75 Additional Fee Required			
8. The above named entity hereby certifies that the purpose of changing its registered office or registered agent, or both, in the State of Florida, is for the purpose of reorganization, consolidation, merger, or other lawful purpose.			
SIGNATURE:  DATE: 4-23-05			
FILE NOW!!! FEE IS \$100.00 After May 1, 2005 Fee will be \$650.00		b. Item on Campaign Financing Total Filing Contribution ☐ \$5.00 May Be Added to Filing	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: VOLOVITZ, MICHAEL STREET ADDRESS: 1905 MONROE STREET CITY-STATE-ZIP: HOLLYWOOD, FL 33020 ☐ Delete		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition	
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ ☐ Change ☐ Addition	
12. I hereby certify that the information submitted herein is true and correct and that my signature shall have the same effect as if made by me in person. I am an officer or director of the corporation or the individual to whom this report is required by Chapter 607, Florida Statutes, and that my name appears in Article 10 of the corporation's charter or in the corporation's articles of incorporation.			
SIGNATURE: 		DATE: 4-23-05	

66023769



04272005 Chg-P CP26034 (10/03)

4. Filing Number **20-1455943**

Accepted For New Application

6. Certificate of Status Update ☒ \$8.75 Additional Fee Required

FL Zip Code

4-23-05