

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90026 049 ***150.00

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01112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000075693 1. Entity Name HERITAGE HOLDINGS INVESTMENT CORP.					
Principal Place of Business 16563 N.W. 5TH COURT PEMBROKE PINES, FL 33028			Mailing Address 7560 TAYLOR STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HING, RICHARD A 16563 N.W. 5TH COURT PEMBROKE PINES, FL 33028				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P, S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HING, LINCOLN L		NAME		
STREET ADDRESS	7560 TAYLOR STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HING, ALICIA M		NAME		
STREET ADDRESS	16563 N.W. 5TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HING, RICHARD A		NAME		
STREET ADDRESS	16563 N.W. 5TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUCHANAN, BEVERLEY		NAME		
STREET ADDRESS	7560 TAYLOR STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Lincoln Hing</i> <i>President</i>			Date: <i>1/11/05</i>		Daytime Phone #: <i>954 894-8165</i>