

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000106539

1. Entity Name
HI-FI SERVICE, INC.



Principal Place of Business
1960 NW 55TH AVE
BLDG H
MARGATE, FL 33063 US

Mailing Address
1960 NW 55TH AVE
BLDG H
MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE



05132008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0288602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGUDELO, BLANCA D
1147 HAMPTONS BLVD
NORTH LAUDERDALE, FL 33068

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000951558
06/04/08-90041-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	AGUDELO, BLANCA D
STREET ADDRESS	1147 HAMPTONS BLVD
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	SEC
NAME	AGUDELO, BLANCA D
STREET ADDRESS	1147 HAMPTONS BLVD
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #