2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 08:00 A Secretary of State **DOCUMENT # P04000146581** 1. Entity Name H.F. GLOBAL CORP. Principal Place of Business Mailing Address 2921 SW 109 AVE 1150 NW 72ND AVE MIAMI, FL 33165 MIAMI, FL 33176 01192008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1803595 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORTES, HUGO .DO.NOT WRITE 2921 SW 109 AVE MIAMI, FL 33165 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 aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE FORTES, HUGO MAKE STREET ADDRESS 2921 SW 109 AVE CITY-ST-ZIP MIAMI, FL 33165 TITLE 000000815786 02/14/08-80022-016 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

G OFFICER OR DIRECTOR

TITLE NAME STREET ADORESS CITY-51-7IP