


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90446 039 \*\*\*150.00

**DOCUMENT # P05000034415**

1. Entity Name  
**H.F.S. & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**8500 SW 8 ST STE 220**      **8500 SW 8 ST STE 220**  
**MIAMI, FL 33144**      **MIAMI, FL 33144**

**50014986**



01112006      Chg-P      CR2E034 (11/05)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**61-1488215**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FELIPE, MANUEL**  
**9525 SW 15 ST**  
**MIAMI, FL 33174**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P**       Delete  
 NAME **FELIPE, MANUEL**  
 STREET ADDRESS **9525 SW 15 ST**  
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**       Delete  
 NAME **SOBRADO, LAZARO J**  
 STREET ADDRESS **11282 SW 156 PL**  
 CITY-ST-ZIP **MIAMI, FL 33196**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**       Delete  
 NAME **HERNANDEZ, HECTOR**  
 STREET ADDRESS **11438 SW 1ST ST**  
 CITY-ST-ZIP **MIAMI, FL 33174**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**       Delete  
 NAME **SCHAEFER, YOLANDA**  
 STREET ADDRESS **11205 SW 134 TERR**  
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE       Change       Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*      VICE PRESIDENT      305-5925130      4/19/06.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #