

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/4/2006-90232-017-\$150.00-\$150.00

FILED

06 JUN 16 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000078742			
1. Entity Name H&F SOUTH FLORIDA CORP.			
Principal Place of Business 2783 NW 29 CT FT LAUDERDALE, FL 33311		Mailing Address 2783 NW 29 CT FT LAUDERDALE, FL 33311	
2. Principal Place of Business 2915 Pierce St. Suite, Apt. #, etc. #17 City & State Hollywood Florida Zip 33020 Country		3. Mailing Address 2915 Pierce St. Suite, Apt. #, etc. #17 City & State Hollywood Fl. Zip 33020 Country	
4. FEI Number * 20-2927965		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SELLAS, RAFAEL Z 2783 NW 29 CT FT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name H&F South Florida Street Address (P.O. Box Number is Not Acceptable) 2915 Pierce St #17 City Hollywood Fl 33020 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 <i>[Signature]</i> Signature typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent signature required when reappointing) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	P SELLAS, RAFAEL Z 2783 NW 29 CT FT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date Devere Phone #	