

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P05004

1. Entity Name
HOOVER INDUSTRIES, INC



Principal Place of Business

7260 NW 68TH STREET
MIAMI, FL 33166 US

Mailing Address

7260 NW 68TH STREET
MIAMI, FL 33166 US



02172005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-2749292

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GAMMILL, WARREN P ESQ.
1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131

DO NOT WRITE
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
INFANTE, MARISA
7260 N.W. 68TH STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BROWN, BERNARD
7260 N.W. 68TH STREET
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 FEB 05 305.888.9791