

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90021 036 \*\*\*150.00

DOCUMENT # P07000058939

1. Entity Name

HDNA ENTERPRISES, INC.



Principal Place of Business

7600 NW 12TH CT.  
PLANTATION FL 33322

Mailing Address

7600 NW 12TH CT.  
PLANTATION FL 33322



2. Principal Place of Business - No P.O. Box #

**SAME**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

**06-1818321**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMPERSAD, HARRYAL  
7600 NW 12TH CT.  
PLANTATION FL 33322

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**4-28-08**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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	PD	<input type="checkbox"/> Delete
NAME	RAMPERSAD, HARRYAL	
STREET ADDRESS	7600 NW 12TH CT.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMPERSAD, DOLLY	
STREET ADDRESS	7600 NW 12TH CT.	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

**HARRYAL RAMPERSAD**

**4-28-08**

**954 914 8548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #