

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000112984

Entity Name: H - I ENTERPRISES, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

12232 SOUTHWEST 148TH TERRACE
MIAMI, FL 331867426 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 121238
WEST MELBOURNE, FL 329121238 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IGLESIAS, ANGELINA M
12232 SOUTHWEST 148TH TERRACE
MIAMI, FL 331867426 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: IGLESIAS, ANGELINA M
Address: POST OFFICE BOX 121238
City-St-Zip: MIAMI, FL 329121238 US

Title: CEO () Delete
Name: HUNT IGLESIAS, TOMI JO
Address: 1598 CASS AVENUE NORTHWEST
City-St-Zip: PALM BAY, FL 329078672 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELINA M. IGLESIAS

COO

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date