

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90011 023 \*\*\*150.00

**DOCUMENT # P93000030703**

1. Entity Name  
**EVA HAKIM, INC.**



Principal Place of Business  
**2690 N ANDREWS AVE  
WILTON MANORS, FL 33311 US**

Mailing Address  
**P.O BOX 50264  
LIGHTHOUSE POINT, FL 33074-0264**

**44049978**



2. Principal Place of Business  
**4121 NE 12 AVE**

3. Mailing Address  
**4121 NE 12 AVE**

07132004 Chg-P CR2E034 (10/03)

City & State  
**Pompano Beach FL**

City & State  
**Pompano Beach FL**

Zip  
**33064** Country  
**USA**

Zip  
**33064** Country  
**USA**

4. FEI Number  
**65-0409557**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAKIM, AZM  
4121 NORTHEAST 12TH AVENUE  
POMPANO BEACH, FL 33064**

**7. Name and Address of New Registered Agent**

Name  
**AZM HAKIM**

Street Address (P.O. Box Number is Not Acceptable)  
**4121 NE 12th Ave**

City  
**Pompano Beach FL** Zip Code  
**33064**

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 \$550.00  
Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
**PSTD**

NAME  
**HAKIM, AZM**

STREET ADDRESS  
**4121 NORTHEAST 12TH AVENUE**

CITY-ST-ZIP  
**POMPANO BEACH, FL 33064**

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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

**7/21/04**

Date

**954-568-9425**

Daytime Phone #

*Attachment*

*44049978*

M A S

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

07/21/04

Florida Department of State  
PO BOX 6327  
Tallahassee, Fl. 32314

Re: Eva Hakim, Inc.

Doc # P93000030703

To Whom It May Concern:

We are enclosing an original signed copy of the application for the corporate annual renewal for our client, Eva Hakim, Inc

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the postcard sent to companies to file the renewal due to a change in address. The original forwarding had expired.

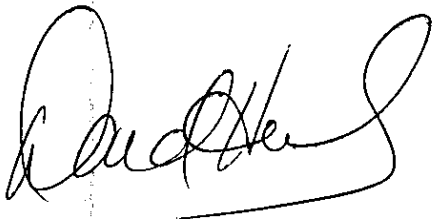
The client then received a notice, advising of intent to dissolve. They then asked our assistance to complete the form and file it on his behalf.

Therefore we are requesting reinstatement on behalf of Eva Hakim, Inc based on not having received his 2004 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years.

Should you have any questions, please contact my office.

Thank you,  
Sincerely,



David Hernandez