

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000051260

1. Entity Name  
H.B. CONNECTIONS INTERNATIONAL, INC.



Principal Place of Business

1924 SW 142 PL  
MIAMI, FL 33175

Mailing Address

13800 SW 8TH ST.  
SUITE 396  
MIAMI, FL 33184 US



07132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0433744 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BEQUER, HUMBERTO  
1924 SW 142 PL  
MIAMI, FL 33175

**DO NOT WRITE  
IN THIS SPACE**

B. 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: *Humberto Bequer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-23-04  
DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTDS
NAME	BEQUER, HUMBERTO
STREET ADDRESS	1924 SW 142 PL
CITY-ST-ZIP	MIAMI, FL
TITLE	VSDT
NAME	BEQUER, MELBA
STREET ADDRESS	1924 SW 142 PL
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000170872  
08/25/04-80003-018 150.00

**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 19.07(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: *Humberto Bequer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-04 305-220-8885  
Date Daytime Phone #