

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000065250

1. Entity Name
H.F. GROUP, CORP.



Principal Place of Business
10697 S.W. 76TH TERRACE
MIAMI, FL 33173

Mailing Address
POB 1769
MIAMI, FL 33283

FILED
09 MAR -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0439675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FONSECA, EDGAR
10697 S.W. 76TH TERRACE
MIAMI, FL 33173

**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, 2009 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	PD FONSECA, EDGAR 10697 S.W. 76TH TERRACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HASSIG, JORGE 10697 S.W. 76TH TERRACE MIAMI, FL 33173
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03/03/09--01015--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Edgar Fonseca

2/24/09

Date

Daytime Phone #