


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90055 034 ***150.00

DOCUMENT # P93000088324	
1. Entity Name HACKNEY CONSULTING INC.	

Principal Place of Business 1428 BRICKELL AVE., EIGHTH FLOOR MIAMI FL 33131	Mailing Address 1428 BRICKELL AVE., EIGHTH FLOOR MIAMI FL 33131
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2. Principal Place of Business 4901 NW 17 Way Suite/Apt. #, etc. 103	3. Mailing Address 4901 NW 17 Way Suite/Apt. #, etc. 103
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City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33309	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-0453823	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, ALAN M 4901 N.W. 17TH WAY STE. 103 FT. LAUDERDALE FL 33309	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAKABOVITS, ERNO		NAME JAKABOVITS, ERNO	
STREET ADDRESS 4747 COLLINS AVE.		STREET ADDRESS 1327 H 46 St	
CITY-ST-ZIP MIAMI BEACH FL 33140		CITY-ST-ZIP Brooklyn NY 11219	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANASTER, JOSHUA D ESQ.		NAME	
STREET ADDRESS 1428 BRICKELL AVE., EIGHTH FLOOR		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33131		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Alan M. Levy** **4/20/04** **9:54**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #