2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90312 021 ***158.75 DOCUMENT # P94000061131 1. Entity Name H & H ASSOCIATES INC. Principal Place of Business Mailing Address 50037030 20911 JOHNSON ST. -2091 FJOHNSON ST. -SUITE 131 SUITE 131-PEMBROKE PINES, FL. 33029 PEMBROKE PINES, FL 33029 3. Mailing Address 2. Principal Place of Business IRRBO SW Suite, Apt. #, etc. 04152005 CR2E034 (10/03) Chg-P Mean Applied For City & State 4. FEI Number 65-0514203 Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HICKS, JACQUELINE Street Address (P.O. Box Number is Not Acceptable) 20911 JOHNSON ST., STE 131 PEMBROKE PINES, FL 33029 City 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE VŞT Change ☐ Delete TITLE 18880 SW 414 St NAME HICKS, ERROL NAME STREET ADDRESS 20911 JOHNSON ST., STE 131 STREET ADORESS Miramar, FL 33029 18880 SW 4194 ST ATCHANGE CITY-ST-ZIP PEMBROKE PINES, EL 33029 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition HICKS, JACQUELINE NAME NAME STREET ADDRESS 20911 JOHNSON ST., STE 131 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029. CITY-ST-71P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZJP TIT) E ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRFFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receipted or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Btock 10 or Block 11 if changed, or on an affactor, with all other like empowered.

JAGGULLine

SIGNATURE