2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					, FILED	
	MENT # P950000618	321			Apr 09, 2005 08:00 AM	
1. Entity Nan		.#			Secretary of State	
H & I GA	LLERY, INC.				7	
Principal Place of Business Mailing Address					-	
8221 GLADES ROAD BOCA RATON FL 33434		8221 GLADES ROAD BOCA RATON FL 33434				
		200/(10/10/11/200			* ************************************	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt	से, etc.	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)	
City & State		City & State			4. FEI Number 65-0600327 Applied For Not Applied	
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New Registered Agent	
				Name	12 Teams and Made of the Williams	
THE LAW FIRM OF LAWREN 343 ALMERIA AVENUE		E J SPIEGEL CHRTD		Street Address	(P O. Box Number is Not Acceptable)	
CO	RAL GABLES FL 33134			-		
			j	City	FL Zip Code	
		for the purpose of changing it	ts registered	d office or regist	ered agent, or both, in the State of Florida. I am familiar with, and acce	
the obliga	tions of registered agent					
SIGNATURE	Signature, typed or printed name of registered age	O(A) extending t applicable	Of Recustered	Agent signature requir	rad when reinstating) DATE	
	TILE NOW!!! FEE IS \$150,00	, , , , , , , , , , , , , , , , , , ,	ZIE MOGNICIO	THE PROPERTY OF THE PROPERTY O	on man ren samely	
After	r May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department				Section Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
10.	OFFICERS ANI		11.	 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
HILE	PSTD	☐ Delete	TITLE		☐ Change ☐ Addi	
NAME STREET ADDRESS	STAMBOLYAN, HAROUT 8221 GLADES ROAD		NAME SIREE	I ADDRESS	U00000296599 04/09/05-80075-017 150.00	
CITY - ST- ZIP	BOCA RATON FL 33434		. CJIY-S	1	04/03/03-80013-011 130.00	
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NAME			NAME		• - • - •	
STREET ADDRESS				ADDRESS		
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STREET ADDRESS			STREET	ADDRESS		
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THE		☐ Delete	THILE		☐ Change ☐ Addi	
NAME STREET ADDRESS			NAME STREET	ADDRESS		
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HILE		☐ Delete	TITLE		☐ Change ☐ Addi	
NAME			NAME		•	
STREET ADDRESS CITY ST-ZIP			•	ABURESS		
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indicated of the co- changed	certry that the information supplied with an interport or supplemental report rporation or the receiver or trustee emails, or on an attachment with an address	in this filmo does not quality to is true and accurate and that sowered to execute his repor with all other like empowered	or the exem t my signatu rt as require d.	iption stated in S ire shall have the ed by Chapter 60	Section 119.07(3)(i), Florida Statutes, I further certify that the information a same legal effect as if made under oath, that I am an officer or direct 07, Florida Statutes, and that my name appears in Block 10 or Block 1	
		A		=	V4-5-05 883-550	
SIGNAT	TURE:	CUU//			VY-S-05 883-550	

E PRINTED WAME OF SIGNING OFFICER OR DIRECTOR