

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90019 044 \*\*\*158.75

**DOCUMENT # P95000067363**

1. Entity Name  
**HEPBURN INDUSTRIES, INC.**



Principal Place of Business  
**300 NORTHEAST 59TH STREET  
MIAMI, FL 33137**

Mailing Address  
**300 NORTHEAST 59TH STREET  
MIAMI, FL 33137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**65-0605984**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHIFFRIN, MICHAEL ESQUIRE  
SUITE 1400-SUNBANK INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE  
MIAMI, FL 33131**

Name  
**CARLOS O. COLON**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 NE 59TH STREET**  
City  
**MIAMI** **FL** Zip Code  
**33137**

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

**CARLOS O. COLON**

**JAN. 4, 2004**

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, 2004 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KLINK, TIMOTHY E**  
**300 NORTHEAST 59TH STREET**  
**MIAMI, FL 33137** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**CARLOS O. COLON**  
**300 NE 59TH STREET**  
**MIAMI, FL 33137** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**KLINK, JEAN**  
**300 NORTHEAST 59TH STREET**  
**MIAMI, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:**

**CARLOS O. COLON**

**JAN. 4, 2004**

**1-800-42336366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #