

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90226 046 ***150.00

DOCUMENT # P96000034810

1. Entity Name
H & H REMODELING, INC.



Principal Place of Business
13443 SW 152ND LN
#1604
MIAMI, FL 33177-1175 US

Mailing Address **15330 SW 170 Ter**
13443 SW 152ND LN Miami, FL 33187
#1604
MIAMI, FL 33177-1175 US



DO NOT WRITE IN THIS SPACE

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0665508

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, HUMBERTO
13443 SW 152ND LN 15330 SW 170 Ter
APT. 1604 Miami, FL 33187
MIAMI, FL 33177

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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.)

President

(NOTE: Registered Agent signature required when reinstating)

4-18-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
DP
HERNANDEZ, HUMBERTO
13443 SW 152ND LN., APT. 1604
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
HERNANDEZ, HUGO H
13443 SW 152ND LN., APT. 1604
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-2005 305-234-1129