

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90089 015 ***150.00

DOCUMENT # P96000099604 1. Entity Name H&A MANAGEMENT CORP.			
Principal Place of Business 11752 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414 US		Mailing Address 11752 MAIDSTONE DRIVE WEST PALM BEACH, FL 33414 US	
2. Principal Place of Business ONE WATERMARK PL. 622 N. FLAGLER DR. Suite, Apt. #, etc. #804		3. Mailing Address ONE WATERMARK PL. 622 N. FLAGLER DR. Suite, Apt. #, etc. #804	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL	
Zip 33401	Country PALM BEACH CNTY	Zip 33401	Country PALM BEACH CNTY
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI, FL 33156-0000		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: <i>[Signature]</i> DATE: 3/10/04 (NOTE: Registered Agent signature required when reinstating)			
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 ☐ Delete HOFFMAN, ASHLEY 11752 MAIDSTONE DRIVE WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition HOFFMAN, ASHLEY ONE WATERMARK PL #804 622 N. FLAGLER DR. WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HOFFMAN, HARRIET 11752 MAIDSTONE DRIVE WEST PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition HOFFMAN, HARRIET ONE WATERMARK PL #804 622 N. FLAGLER DR. WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/10/04 Daytime Phone #: 561-833-5972	

94029586



03092004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0719851
Applied For
Not Applicable

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