## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P97000013920 1. Entity Name 04-29-2004 90238 002 \*\*\*150.00 H. F. PROJECTS & BUSINESS, INC. Principal Place of Business Mailing Address 3360 SW 195 TERR. MIRAMAR FL 33029 3360 SW 195 TERR. MIRAMAR FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0731714 Not Applicable Zip Country Country \$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 FRANK, MAURICIO H 3360 SW 195 TERR. Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33029 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 -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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TIPLE O $\overline{\text{DVP}}$ PD **K** Change Delete TITLE Frank, Mauricio H. FRANK, MAURICIO H NAME STREET ADDRESS 3360 SW 195 TEAR. STREET ADDRESS 3360 SW 195 Terrace MIRAMAR FL 33029 CİTY-ST-ZIP CITY-ST-ZIP Miramar, FL 33029 $\overline{\mathsf{DP}}$ ☐ Change Addition ☐ Delete Frank, Herbert NAME NAME 573 Rua Sao Paulo apt. STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Salvador-Bahia, Brazil 41830 aTITLE Delete = = TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Defete TIT! F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 ampowered.

Mauricio H. Frank 4/27/04 (954)499–8814

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED