

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000032559					
1. Entity Name HILE CORPORATION					
Principal Place of Business 3411 S.W. 100TH AVENUE MIAMI FL 33165			Mailing Address 3411 S.W. 100TH AVENUE MIAMI FL 33165		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PADRON, HIPOLITO G 3411 S.W. 100TH AVENUE MIAMI FL 33165				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 _____ 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PTSD	☐ Delete	TITLE	000000198371 ☐ Change ☐ Add	
NAME	PADRON, HIPOLITO G		NAME	01/27/05-80050-005 150.00	
STREET ADDRESS	3411 S.W. 100TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE	SVD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	PADRON, ISABEL M		NAME		
STREET ADDRESS	3411 S.W. 100TH AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33165		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
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CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE	☐ Change	☐ Add
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 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: *Hipolito Padron* **Hipolito Padron President** **1-24-05** **305534-7958**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #