

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90037 046 ***150.00

DOCUMENT # P97000083975

1. Entity Name

HILFAR, INC.



Principal Place of Business

5700 OKEECHOBEE BLVD
#937
WEST PALM BEACH FL 33417
US

Mailing Address

609 6TH TERRACE
(PALM BEACH GARDENS)
PALM BEACH GARDENS FL 33418-3605

2. Principal Place of Business

4/01/04 SHOPPERS DEPOT

3. Mailing Address

- AS ABOVE

Suite, Apt. #, etc.

3911 JOE ROAD

Suite, Apt. #, etc.

City & State

GREENACRES, FLORIDA

City & State

Zip

33467

Country

USA

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 65-0792821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORWITZ, HILARY
609 6TH TERRACE - GLENWOOD
PALM BEACH GARDENS FL 33418-3605

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, 2004 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

TITLE PD ☐ Delete
NAME HORWITZ, HILARY
STREET ADDRESS 609 SIXTH TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE SVPD ☐ Delete
NAME HORWITZ, MAUREEN
STREET ADDRESS 609 SIX TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE TYPD ☐ Delete
NAME FRIEDMAN, SANDY
STREET ADDRESS 1336 13TH TERR
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Hilary Horwitz - HILARY HORWITZ

04/06/04 (561) 649-9351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #