2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

04-21-2004 90066 011 ***150.00

00261330

MOORE CR2E034 (11/03)

DOCUMENT # P98000004798

1. Entity Name

HHT CONSULTING, INC.

Principal Place of Business	Mailing Address
1738 HARBOR VIEW CIRCLE WESTON FL 33327 US	C/O DOMINGO ALONSO, CPA 301 ALMERIA AVNEUE, SUITE 3 MIAMI FL 33134

2. Principal Place of Business	3. Mailing Address
7365 SW 109 Terr	7365 SW 109 Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami FL
Zip 33156 Country USA	Zip 33156 Country USA.

4. FEI Number 65-0805777 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TONG, HAROLD
1738 HARBOR VIEW CIRCLE
WESTON FL 33327

7. Name and Address of New Registered Agent

Name TONG, HAROLD

Street Address (P.O. Box Number is Not Acceptable) 7365 SW 109 Terr

City Miami FL Zip Code 33156

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 _____ DATE 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
PD TONG, HAROLD 1738 HARBOR VIEW CIRLCE WESTON FL 33327	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
PD Tong, Harold 7365 S.W. 109 Terr. Miami - Fl. 33156	☑ Change
	☐ 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: ✓ _____ 5/6/04 954 608 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #