

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90746 007 \*\*\*158.75

**DOCUMENT # P98000022048**

1. Entity Name  
H.A.F. DIGITAL, INC.



Principal Place of Business

13760 NW 19 AVE  
5  
OPA LOCKA, FL 33054

Mailing Address

1031 IVES DAIRY RD #228  
MIAMI, FL 33179

2. Principal Place of Business

3. Mailing Address

13760 NW 19 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

City & State

City & State

OPA LOCKA FL

Zip

Country

Zip

Country

33054

03142004

Chg-P

CR2E034 (10/03)

4. FEI Number

60-2660224 65-0804876

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACK, DANA L  
1031 IVES DAIRY ROAD  
228  
MIAMI, FL 33179

Name

HOWARD AUSTIN FELD

Street Address (P.O. Box Number is Not Acceptable)

13760 NORTHWEST 19 AVENUE

City

OPA LOCKA

FL

33054

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  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME FELD, HOWARD A  
STREET ADDRESS 12680 CYPRUS RD  
CITY-ST-ZIP N MIAMI, FL 33181

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOWARD AUSTIN FELD  
PRESIDENT

4/13/04

Date

Daytime Phone #