

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000058172

1. Entity Name
**H. & H. CONSTRUCTION SERVICES AND EQUIPMENT,
INC.**



Principal Place of Business
15572 S.W. 112TH TERRACE
MIAMI, FL 33196

Mailing Address
15572 S.W. 112TH TERRACE
MIAMI, FL 33196



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0849042

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMIREZ, HEMEL JR.
15572 S.W. 112TH TERRACE
MIAMI, FL 33196

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IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAMIREZ, GIL
STREET ADDRESS	15533 SW 115 ST
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	D
NAME	RAMIREZ, HEMEL JR.,
STREET ADDRESS	15572 S.W. 112TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	PD
NAME	RAMIREZ, HEMEL SR
STREET ADDRESS	15572 SW 112TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/05-80016-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #