

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 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**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
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, 2006 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 | |

1100000438081
02/28/06-80074-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stefan et Ramon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

Feb 15, 2006