2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachmen

SIGNATURE:

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P99000002681 1. Entity Name H & A SALES, INC. Principal Place of Business Mailing Address 501 NW 108 AVE 501 NW 108 AVE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0885484 Not Applicat Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK, BRENT H Street Address (P.O. Box Number is Not Acceptable) 501 NW 108 AVE PLANTATION FL 33324 Zip Code City 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 accethe obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HILLE Change Autilia ☐ Delete NAME HOLBROOK, BRENT H NAME U00000297457 501 NW 108 AVE STREET ADDRESS STREET ADDRESS 04/11/05-80026-021 150.00 PLANTATION FL 33324 Cifi⊀-ST-ZIP CITY-ST-7IP TOTAL ☐ Delete Change Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete HILE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-ST-ZiP HILE ☐ Delete Change Adijilia NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIE THE Delete TUTE ☐ Change Artillia NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE Change Aridita NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED

Date

Davime Phone #