

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90384 005 ***150.00

0171965 AV

DOCUMENT # P99000099978

1. Entity Name
H.D.A. INVESTMENTS, INC.



Principal Place of Business
**12612 NW 18TH CT
PEMBROKE PINES FL 33028**

Mailing Address
**12612 NW 18TH CT
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0962124**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAMBRANO, HERNANDO
12612 NW 18TH CT
PEMBROKE PINES FL 33028**

Name **ZAMBRANO HERNANDO**

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

13783 N.W. 15 ST.

City **PEMBROKE PINES** FL Zip **33028**

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | ZAMBRANO, HERNANDO | |
| STREET ADDRESS | 12612 NW 18TH CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | VTD | <input checked="" type="checkbox"/> Delete |
| NAME | BUENO, LUZ E | |
| STREET ADDRESS | 12612 NW 18TH CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ZAMBRANO, HERNANDO A | |
| STREET ADDRESS | 12612 NW 18TH CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ZAMBRANO, DANIELLA A | |
| STREET ADDRESS | 12612 NW 18TH CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | ZAMBRANO, MARIA A | |
| STREET ADDRESS | 12612 NW 18TH CT | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33028 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

04-25-03

Date

Daytime Phone #

(954) 4427432

CR2E034 (10/02)