



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90516 004 ***150.00

DOCUMENT # S12631 1. Entity Name HFE, INC.			
Principal Place of Business 1475 W. CYPRESS CREEK ROAD SUITE 204 FT. LAUDERDALE, FL 33309 US		Mailing Address 1475 W. CYPRESS CREEK ROAD SUITE 204 FT. LAUDERDALE, FL 33309 US	
2. Principal Place of Business 1000 N.W. 65TH. ST. Suite, Apt. #, etc. SUITE 200 City & State FT. LAUDERDALE, FL. 33309 Zip Country		3. Mailing Address 1000 N.W. 65TH. ST. Suite, Apt. #, etc. SUITE 200 City & State FT. LAUDERDALE, FL. 33309 Zip Country	
			
		04072004 Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0239406	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN THIRER 1475 W. CYPRESS CREEK ROAD, SUITE 204 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 65TH. ST. SUITE 200 City State Zip Code FT. LAUDERDALE FL 33309	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete GOLDING, STEPHEN M.	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 N.W. 65TH. ST. SUITE 200 FT. LAUDERDALE, FL. 33309
NAME		NAME	
STREET ADDRESS	1475 W. CYPRESS CREEK ROAD, SUITE 204	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete CARVALHO, PETER	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 N.W. 65TH. ST. SUITE 200 FT. LAUDERDALE, FL. 33309
NAME		NAME	
STREET ADDRESS	1475 W. CYPRESS CREEK ROAD, SUITE 204	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Peter A. Carvalho</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PETER A CARVALHO 4-22-04 954 772-7878 <small>Date Daytime Phone #</small>	