

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90001 015 ***150.00

DOCUMENT # V28999

1. Entity Name
HOG INVESTMENTS, INC.



Principal Place of Business

**11880 SW 40TH ST. #215
MIAMI, FL 33175**

Mailing Address

**11880 SW 40TH ST. #215
MIAMI, FL 33175**

54068536



08112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0394932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONCEPCION, CARLOS V.
11880 SW 40TH ST #215
MIAMI, FL 33175**

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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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
CONCEPCION, CARLOS V.
~~710 SISTINA AVE~~ 11880 SW 40 ST # 215
CORAL GABLES, FL MIAMI, FL. 33175**

TITLE
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS V. CONCEPCION 8-11-04

Date

Daytime Phone #

305-552-1553