

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


FILED
Aug 04, 2003 8:00 am
Secretary of State

7/1

08-04-2003 90144 012 ***400.00
07-14-2003 90331 025 ***158.75

DOCUMENT # G79706

1. Entity Name
HILLSBORO PROPERTY INVESTMENTS, INC.

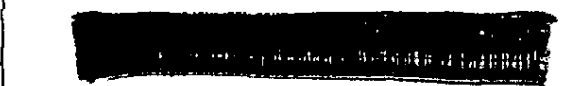


Principal Place of Business
1194 N OCEAN BLVD VILLA 50
HILLSBORO BEACH FL 33062

Mailing Address
JUPITER LAW CENTER
6390 INDIANTOWN RD STE 30
JUPITER FL 33458

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
c/o Hideaway Marina
Suite, Apt. #, etc.
599 S. Federal Hwy.
City & State
Pompano Beach, FL
Zip- Country
33062 US



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
GUMSON, ADAM S
CHASEWOOD PLAZA SUITE 30
6390 INDIANTOWN RD
JUPITER FL 33062

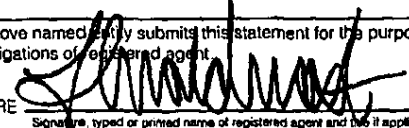
4. FEI Number **59-2422775**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name **F. Ronald Mastriana, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
1500 N. Federal Hwy, Suite 200
City **Ft. Lauderdale** FL Zip Code **33304**

B. 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

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAUDREAU, ANDRE 9 TRAVERSE LAVAL CP1400 QUEBEC, CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAUDREAU, PIERRE 750 S FEDERAL HWY POMPAÑO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gaudreau, Pierre 599 S. Federal Hwy. Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **REQUIRED** Date **6-30-03** Daytime Phone # **954-443-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)