2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

DOCUMENT # P02000079123 1. Entity Name 613 HLE CORPORATION Principal Place of Business C/0 CHRISTOPHER W. BOYETT, ESQ 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business Mailing Address C/0 CHRISTOPHER W. BOYETT 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 3. Mailing Address						4 (03-22-2006	6 90011 03	38 ***15	50.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State				4. FEI Number 76-0708541				plied For	
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Current F	Registered Agent				7. Name and	7. Name and Address of New Registered Agent				
				Name							
	TE REGISTERED AGENT CO ELL AVE STE 3000 33131				P.O. Box Number is Not Acceptable)						
,											
					City FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registere	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	: Registered	Agent signature	required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS	CHANGES TO OFF	FICERS AND E	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTRIN, HOWARD C/O 701 BRICKELL AVE. #3000 MIAMI, FL 33131	☐ Delete		i	c/o	rin, Hov	vard ickell Ave	·	Change	Addition	
TITLE	V	☐ Delete	TITLE		VS	·····		ı	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ESTRIN, LILIAN C/O 701 BRICKELL AVE. #3000 MIAMI, FL 33131			ET ADDRESS ST-ZIP	Est	rin, Lil 701 Bri	ian ickell Ave.	. #3000			
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TITLE NAME STREET ADDRESS CITY+ST-ZIP	D ESTRIN, HOWARD C/O 701 BRICKELL AVE. #3000 MIAMI, FL 33131	◯ Delete	4						□ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-2iP	certify that the information supplied with	Delete	CITY-	ET ADDRESS ST-ZIP	ontaine d	in Chapter + **	Clorido Statuta		Change	Addition ;	

12. The early deal the information supplied with this limit does not quality for the exemptions contained in Chapter 119, 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>S/18/6</u>

305-937-2307

Daytime Phone #