2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079123

Entity Name: 613 HLE CORPORATION

FILED Mar 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O CHRISTOPHER W. BOYETT, ESQ 701 BRICKELL AVE STE 3000 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

C/O CHRISTOPHER W. BOYETT, ESQ 701 BRICKELL AVE STE 3000 MIAMI, FL 33131

FEI Number: 76-0708541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.

11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: HARRY B. DAVIS 03/05/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT () Delete Title: DPT (X) Change () Addition Name: ESTRIN, HOWARD Name: ESTRIN, HOWARD

Address: C/O 701 BRICKELL AVE. #3000 Address: 701 BRICKELL AVE. #3000

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

 $\label{eq:title: VS (X) Change () Addition} \begin{tabular}{ll} Title: & VS & (X) Change () Addition \\ \end{tabular}$

Name: ESTRIN, LILIAN Name: ESTRIN, LILIAN

Address: C/O 701 BRICKELL AVE. #3000 Address: 701 BRICKELL AVE. #3000

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD ESTRIN DPT 03/05/2008

Electronic Signature of Signing Officer or Director

Date