

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104298

Entity Name: H.P.N. INVESTMENTS, INC.

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O ASTOR DEVELOPMENT GROUP  
2601 S. BAYSHORE DR., SUITE 1800  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ASTOR DEVELOPMENT GROUP  
2601 S. BAYSHORE DR., SUITE 1800  
MIAMI, FL 33133 US

**New Mailing Address:**

FEI Number: 43-1979912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TORRES, PETER A  
2601 S. BAYSHORE DR.,  
1800  
MIAMI, FL 33133 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TORRES, HENRY  
Address: 2601 S. BAYSHORE DR., SUITE 1800  
City-St-Zip: MIAMI, FL 33133 US

Title: VD ( ) Delete  
Name: TORRES, PETER A  
Address: 2601 S. BAYSHORE DR., SUITE 1800  
City-St-Zip: MIAMI, FL 33133 US

Title: S ( ) Delete  
Name: STEPHENS, MELAYNA L  
Address: 2601 S. BAYSHORE DRIVE, SUITE 1800  
City-St-Zip: MIAMI, FL 33133 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER TORRES

VD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date