


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90394 005 ***150.00

DOCUMENT # P96000012806

1. Entity Name
HP ONE HOLDINGS CORP.



Principal Place of Business Mailing Address

10102 HIDDEN PLACE **10102 HIDDEN PLACE**
MIAMI, FL 33156 US **MIAMI, FL 33156 US**

50038796

2. Principal Place of Business 3. Mailing Address

501 BRICKELL KEY DRIVE **501 BRICKELL KEY DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 506 **SUITE 506**
 City & State City & State

MIAMI, FL **MIAMI, FL**

Zip Country Zip Country

33131 **USA** **33131** **USA**



04112005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SCHLESINGER, MICHAEL J
10102 HIDDEN PLACE
MIAMI, FL 33156

4. FEI Number Applied For

65-0686693 Not Applicable

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

7. Name and Address of New Registered Agent

Name **SCHLESINGER, MICHAEL J.**

Street Address (P.O. Box Number is Not Acceptable)
501 BRICKELL KEY DRIVE

City **MIAMI** State **FL** Zip Code **33131**

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 _____ DATE **4/11/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D PFERDMENGES, HENRI 10102 HIDDEN PLACE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SCHLESINGER, MICHAEL J 10102 HIDDEN PLACE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE	D SCHLESINGER, MICHAEL J. 501 BRICKELL KEY DRIVE, SUITE 506 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ DATE **4/11/05** DAYTIME PHONE # **(305) 373 8993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR