## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000040299

Entity Name: HP TWO HOLDINGS CORP.

FILED Apr 15, 2004 Secretary of State

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

201 S BISCAYNE BLVD STE 1700 10102 HIDDEN PLACE MIAMI, FL 33131 MIAMI, FL 33156 US

Current Mailing Address: New Mailing Address:

201 S BISCAYNE BLVD STE 1700 10102 HIDDEN PLACE MIAMI, FL 33131 MIAMI, FL 33156 US

FEI Number: 65-0750220 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:

MIAMI CENTER REGISTERED AGENTS, LLC
201 S BISCAYNE BLVD STE 1700
MIAMI, FL 33131
US
SCHLESINGER, MICHAEL J
10102 HIDDEN PLACE
MIAMI, FL 33156
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: MICHAEL J. SCHLESINGER 04/15/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PFERDMENGES, HENRI

Address: 201 S BISCAYNE BLVD STE 1700

City-St-Zip: MIAMI, FL 33131

 Title:
 D
 ( ) Delete

 Name:
 SCHLESINGER, MICHAEL J

 Address:
 201 S BISCAYNE BLVD STE 1700

City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition

Name: PFERDMENGES, HENRI
Address: 10102 HIDDEN PLACE
City-St-Zip: MIAMI, FL 33156

Title: D (X) Change ( ) Addition
Name: SCHLESINGER, MICHAEL J
Address: 10102 HIDDEN PLACE
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J. SCHLESINGER D 04/15/2004