

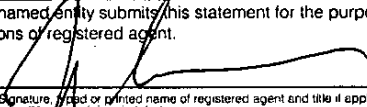
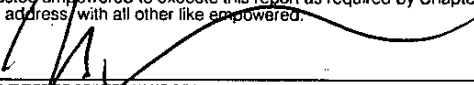


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2005 90395 042 ***150.00

DOCUMENT # P97000040299					
1. Entity Name HP TWO HOLDINGS CORP.					
Principal Place of Business 10102 HIDDEN PLACE MIAMI, FL 33156 US			Mailing Address 10102 HIDDEN PLACE MIAMI, FL 33156 US		
2. Principal Place of Business 501 BRICKELL KEY DRIVE Suite, Apt. #, etc. SUITE 506 City & State MIAMI, FL Zip 33131		3. Mailing Address 501 BRICKELL KEY DRIVE Suite, Apt. #, etc. SUITE 506 City & State MIAMI, FL Zip 33131		 04112005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0750220		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHLESINGER, MICHAEL J 10102 HIDDEN PLACE MIAMI, FL 33156			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 SUITE 506 City MIAMI 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 		(NOTE: Registered Agent signature required when reinstating)		DATE 4/11/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFERDMENGES, HENRI 10102 HIDDEN PLACE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESINGER, MICHAEL J 10102 HIDDEN PLACE MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESINGER, MICHAEL J. 501 BRICKELL KEY DRIVE, SUITE 506 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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					