


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 043 ***150.00

DOCUMENT # P98000097153					
1. Entity Name HGD, INC.					
Principal Place of Business 17149 ROYAL COVE WAY BOCA RATON, FL 33496			Mailing Address 17149 ROYAL COVE WAY BOCA RATON, FL 33496		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0881920	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 03142005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGELBERG, MORRIS 3230 STIRLING ROAD HOLLYWOOD, FL 33021			Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
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	D <input type="checkbox"/> Delete	TITLE	P, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GREENBERG, HAROLD	NAME			
STREET ADDRESS	17149 ROYAL COVE WAY	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D, AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	GREENBERG, DAVID		
STREET ADDRESS		STREET ADDRESS	45-11A LITTLE NECK PARKWAY		
CITY-ST-ZIP		CITY-ST-ZIP	LITTLE NECK, NY 11362		
TITLE	<input type="checkbox"/> Delete	TITLE	D, AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	GREENBERG, GARY		
STREET ADDRESS		STREET ADDRESS	4 FIRELIGHT COURT		
CITY-ST-ZIP		CITY-ST-ZIP	DIX HILLS, NY 11746		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
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: <i>Harold Greenberg</i>		4/9/05		561-241-6202	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	