

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 10, 2007
Secretary of State**

DOCUMENT# P99000080711

Entity Name: H DOUBLE O T, INC,

Current Principal Place of Business:

929 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 506
MIAMI, FL 33131 US

Current Mailing Address:

1395 BRICKELL AVENUE
14TH FLOOR-ATTN. FKL
MIAMI, FL 33131 US

New Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 506
MIAMI, FL 33131 US

FEI Number: 65-0946546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K
1395 BRICKELL AVENUE
14TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SCHLESINGER, MICHAEL J
501 BRICKELL KEY DRIVE
SUITE 506
MIAMI, FL 33131 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 04/10/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: ZULUETA, IGNACIO G
Address: 6255 BIRD ROAD
City-St-Zip: MIAMI, FL 33155

Title: VP (X) Delete
Name: HOYOS, OLIVER
Address: 311 BROADWAY PHB
City-St-Zip: NEW YORK, NY 10007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHLESINGER, MICHAEL J
Address: 501 BRICKELL KEY DRIVE, SUITE 506
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. SCHLESINGER PD 04/10/2007
Electronic Signature of Signing Officer or Director Date