

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082356

FILED
Apr 04, 2008
Secretary of State

Entity Name: HORACE & DICKIE'S HOLDING CORPORATION

Current Principal Place of Business:

3225 AVIATION AVENUE
SUITE 303
MIAMI, FL 33133 US

New Principal Place of Business:

1835 E. HALLANDALE BEACH BLVD
SUITE 339
HALLANDALE, FL 33009 US

Current Mailing Address:

3225 AVIATION AVENUE
SUITE 303
MIAMI, FL 33133 US

New Mailing Address:

1835 E. HALLANDALE BEACH BLVD
339
HALLANDALE, FL 33009 US

FEI Number: 34-2048856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, MILTON
3225 AVIATION AVENUE
SUITE 303
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC,
550 BILTMORE WAY
200
CORAL GABLES, FL 33134 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: CARLOS SAMLUT

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FELDER, ULYSSES
Address: 3225 AVIATION AVENUE, STE 303
City-St-Zip: MIAMI, FL 33133 US

Title: VPS () Delete
Name: FUENTES, MILTON
Address: 3225 AVIATION AVENUE, STE 303
City-St-Zip: MIAMI, FL 33133 US

Title: VP () Delete
Name: GALUSTYANTS, MARKERA
Address: 3225 AVIATION AVENUE, STE 303
City-St-Zip: MIAMI, FL 33133 US

Title: VP () Delete
Name: HALL, LAIR
Address: 3225 AVIATION AVENUE, STE 303
City-St-Zip: MIAMI, FL 33133 US

Title: VP () Delete
Name: SHANNON, RICHARD
Address: 3225 AVIATION AVENUE, STE 303
City-St-Zip: MIAMI, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: GALUSTYANTS, MARKERA
Address: 1835 E. HALLANDALE BEACH BLVD, SUITE 339
City-St-Zip: HALLANDALE, FL 33009 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARKERA GALUSTYANTS

VP

04/04/2008

Electronic Signature of Signing Officer or Director

Date