

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 342349

Entity Name: HIBEX INC.

FILED  
Feb 12, 2008  
Secretary of State

**Current Principal Place of Business:**

3200 S. ANDREWS AVENUE  
SUITES 119, 120, 121  
FT. LAUDERDALE, FL 33335 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22699  
FT. LAUDERDALE, FL 33335 US

**New Mailing Address:**

FEI Number: 59-1260348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBERT H. SMITH  
3200 S. ANDREWS AVE.  
SUITE 121  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: SMITH, ROBERT,  
Address: 3200 S ANDREWS AVE  
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: ST ( ) Delete  
Name: SMITH, ROBERT,  
Address: 3200 S ANDREWS AVE  
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: V D ( ) Delete  
Name: PERLER, ODESSA,  
Address: 3200 S. ANDREWS AVE  
City-St-Zip: FT. LAUDERDALE, FL 33316 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ODESSA PERLER

VD

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date