

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 645558

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: H.S. DEVELOPMENTS (NAPLES), INC.

**Current Principal Place of Business:**

2375 TAMIAMI TRAIL NORTH  
SUITE 110  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

2375 TAMIAMI TRAIL NORTH  
SUITE 110  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 59-1970634      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STARMAN, SHELDON  
2375 TAMIAMI TRAIL NORTH  
SUITE 110  
NAPLES, FL 34103 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOUPCOFF, KAREN  
Address: 1485 WHITEHORSE RD  
City-St-Zip: DOWNSVIEW, ONTARIO, CN M3J 2Z2 CD

Title: VD  
Name: ZUBCOV, ROCHELLE  
Address: 1485 WHITEHORSE RD  
City-St-Zip: DOWNSVIEW, ONTARIO, CN M3J 2Z2 CD

Title: TD  
Name: MARRIOTT, FERN  
Address: 1485 WHITEHORSE RD  
City-St-Zip: DOWNSVIEW, ONTARIO, CN M3J 2Z2 CD

Title: SD  
Name: ORR, YVONNE  
Address: 1485 WHITEHORSE RD  
City-St-Zip: DOWNSVIEW, ONTARIO, CN M3J 2Z2 CD

I hereby 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 all other like empowered.

SIGNATURE: KAREN SOUPCOFF

PRES

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date