



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 033 ****61.25

DOCUMENT # 715351 1. Entity Name HILTON TERRACE, INC.					
Principal Place of Business ACCOUNTSULT, LLC STE 430 FORT LAUDERDALE, FL 33324 US			Mailing Address ACCOUNTSULT, LLC STE 430 FORT LAUDERDALE, FL 33324 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40021692 	
City & State		City & State		01172007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1352858	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLACK, DAVID 3201 NE 36 STREET #21 FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 <u>DAVID C. BLACK</u> 02.16.2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, DAVID 3201 NE 36 STREET #21 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLACK, DAVID 3201 NE 36 STREET #21 FT. LAUD. FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ, JULIO 3201 NE 36 ST, #3 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Marra, Larry 3201 N.E. 36th St. #24 Ft. Laud. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOCHIN, LINDA 3201 NE 36TH ST, #18 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Garie Rose Rose, Garie 3201 N.E. 36th St. #19 Ft. Laud. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOY, JEAN 3201 NE 36TH ST, # 23 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Yohalem, Martin 3201 N.E. 36th St. #17 Ft. Laud. Fla. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA RUA, SYLVIA 3201 NE 26TH ST, # 6 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Smilovitz, Isaac 3201 N.E. 36th St. #12B Ft. Laud., Fla. 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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: <u>DAVID C. BLACK</u> 02.16.2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

954.563.6183