2007 FOR PROFIT CORPORATION **ANNUAL REPORT DOOUMENT #833077** 1. Entity Name H & S PROPERTIES, INC. Principal Place of Business Mailing Address **156 ALMERIA AVE** 156 ALMERIA AVE CORAL GABLES, FL 33134 STE 200 CORAL GABLES, FL 33134 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HATFIELD, ROBERT L.

FILED Apr 19, 2007 08:00 A Secretary of State

CORAL GADL	LS, FL 33134 US	CORAL GABLES, FL 33134	US				
DO NOT WRITE IN THIS SPACE				04132007 No Chg-P CR2E034 (11/05) 4. FEI Number			
6. Name and Address of Current Registered Agent					······································		
HATFIELD, ROBERT L. 156 ALMERIA AVE STE 200 CORAL GABLES, FL 33134				DO NOT WRITE IN THIS SPACE			
8. The above the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its register	ed office or re	gistered agent, or both, in the	State of Florida.	I am femiliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature	required when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					-		
TITLE	PTD		1				
NAME	HATFIELD, ROBERT L					•	
STREET ADDRESS CITY-ST-ZIP	156 ALMERIA AVE STE 200						
M17-51-4P	CORAL GABLES, FL						

DO NOT WRITE IN THIS SPACE

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12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receichanged, or on an attachmen

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS City-St-7IP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

CITY-ST-ZIP TITLE

HATFIELD, JUDITH E.

CORAL GABLES, FL

VSD

156 ALMERIA AVE STE 200