

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

\$550.00

DOCUMENT # F00000006814

1. Entity Name

HQM SPECIAL ASSET MANAGEMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

Principal Place of Business

2401 PGA BLVD., SUITE 155  
PALM BEACH GARDENS FL 33410

Mailing Address

2401 PGA BLVD., SUITE 155  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

3. Mailing Address

S  
C  
Z  
2979 PGA Blvd.  
Palm Beach Gardens, FL 33410



MOORE

CR2E034 (4/04)

*MRS*

4. FEI Number

65-1048746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, SANDRA L  
2401 PGA BOULEVARD, SUITE #155  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

Street Add

City

Sandra Adams  
2979 PGA Blvd.  
Palm Beach Gardens, FL 33410

Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/04

**FILE NOW!!! FEE IS \$550.00  
DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DC ☐ Delete  
NAME FAGO, ELIZABETH  
STREET ADDRESS 2401 PGA BLVD., SUITE 155  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE CEO ☐ Delete  
NAME WALCZAK, PAUL  
STREET ADDRESS 2401 PGA BLVD. S-155  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE P ☐ Delete  
NAME STEIER, JOSEPH  
STREET ADDRESS 2401 PGA BLVD. S-155  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

7- documents  
1- check

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2979 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2979 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2979 PGA BOULEVARD  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300041668203  
10/07/04--01031--005 \*\*3350.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL WALCZAK

Date

Daytime Phone #

8/31/04