

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006814

1. Entity Name  
HQM SPECIAL ASSET MANAGEMENT, INC.



Principal Place of Business  
2979 PGA BLVD  
PALM BEACH GARDENS, FL 33410

Mailing Address  
2979 PGA BLVD  
PALM BEACH GARDENS, FL 33410

FILED  
06 APR 27 AM 10:51  
TALLAHASSEE, FLORIDA



01062006 No Chg-P CR2E034 (11/05)

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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  
2979 PGA BLVD  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DC
NAME	FAGO, ELIZABETH
STREET ADDRESS	2979 PGA BOULEVARD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	CEO
NAME	WALCZAK, PAUL
STREET ADDRESS	2979 PGA BOULEVARD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	P
NAME	STEIER, JOSEPH
STREET ADDRESS	2979 PGA BOULEVARD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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: Paul Walczak 2/21/06 504-627-0664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #