2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2004
Secretary of State

DOCUMENT# F02000003812

Entity Name: HILLSBORO BEACH CORP.

Current Principal Place of Business:

C/O CORPORATE SERVICE BUREAU, INC.
15 E. NORTH STREET
DOVER, DE

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL SAMUEL
444 BRICKELL AVE STE 650
MIAMI, FL 33131

New Mailing Address:

C/O MICHAEL SAMUEL
3110 NE 2ND AVE
MIAMI, FL 33137

FEI Number: 45-0505774 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N MERIDIAN STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTC ( ) Delete
Name: SAMUEL, MICHAEL
Address: C/O KIVI SOUTH LLC
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: D ( ) Delete
Name: QUINN, JOHN JOSEPH
Address: 17 HOLLOW WAY
City-St-Zip: GLEN COVE, NY 11542

Title: D ( ) Delete
Name: PECORA, ANTHONY
Address: 1159 HILLSBORO MIL
City-St-Zip: HILLSBORO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTC (X) Change ( ) Addition
Name: SAMUEL, MICHAEL
Address: 3110 NE 2ND AVE
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL SAMUEL MGR 10/06/2004

Electronic Signature of Signing Officer or Director Date