

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90029 043 \*\*\*150.00

DOCUMENT # F94000002481

1. Entity Name

HIC FIRST CORPORATION



Principal Place of Business

901 PONCE DE LEON BLVD.  
7TH FLOOR  
CORAL GABLES FL 33134  
US

Mailing Address

901 PONCE DE LEON BLVD.  
7TH FLOOR  
CORAL GABLES FL 33134  
US



2. Principal Place of Business - No P.O. Box #

9336 CIVIC CENTER DR

Suite, Apt. #, etc.

3. Mailing Address

9336 CIVIC CENTER DR

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

BEVERLY HILLS CA

Zip  
90210

Country

City & State

BEVERLY HILLS CA

Zip  
90210

Country

4. FEI Number

13-3153587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CARTER, IAN R  
STREET ADDRESS MAPLE CT CENTRAL PARK REEDS CRESCENT  
CITY-ST-ZIP WATFORD HE

TITLE V ☐ Delete  
NAME LIERMAN, E P  
STREET ADDRESS 901 PONCE DE LEON BLVD STE 700  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ Delete  
NAME BONCOCK, PHILIP  
STREET ADDRESS MAPLE COURT CENTRAL PARK REEDS CRESCENT  
CITY-ST-ZIP WATFORD HE

TITLE AS ☒ Delete  
NAME VESLENO, ERLINDA  
STREET ADDRESS 901 PONCE DE LEON BLVD STE 700  
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VLS ☒ Change ☐ Addition  
NAME PAUL LIERMAN  
STREET ADDRESS 9336 CIVIC CENTER DR  
CITY-ST-ZIP BEVERLY HILLS CA 90210

TITLE DIRECTOR ☒ Change ☒ Addition  
NAME LAURENCE LICHMAN  
STREET ADDRESS 9336 CIVIC CENTER DR  
CITY-ST-ZIP BEVERLY HILLS CA 90210

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MARK J. WAY  
STREET ADDRESS 9336 CIVIC CENTER DR  
CITY-ST-ZIP BEVERLY HILLS CA 90210

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DAVID J. THOMSON  
STREET ADDRESS 9336 CIVIC CENTER DR  
CITY-ST-ZIP BEVERLY HILLS CA 90210

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Lierman* Paul Lierman

4/21/07

305-444-6811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #