

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-10-2007 90029 037 \*\*\*150.00



**DOCUMENT # F94000002482**  
 1. Entity Name  
**HIC SECOND 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 GBALE S 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**

City & State  
**BEVERLY HILLS CA**

Zip  
**90210**

Country

4. FEI Number **13-3153590** 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 32301-0000**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CARTER, IAN R MAPLE CT CENTRAL PARK REEDS CRESCENT WATFORD HE <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIERMAN, E P 901 PONCE DE LEON BLVD STE 700 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWCOCK, PHILIP CHANCEL HOUSE NEASDEN LANE LONDON NW102XE UK <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT VESLENO, ERLINDA 901 PONCE DE LEON BLVD, STE 700 CORAL GABLES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T PAUL LIERMAN 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LAURENCE LICHMAN 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BRIAN WILSON 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARK J. WAY 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID J THOMPSON 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 4/20/07 305-444-6811  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #