2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000001713

1. Entity Name
HP ACQUISITION CORP.

Principal Place of Business	Mailing Address
155 S MIAMI AVE PH-2A MIAMI, FL 33130 US	155 S MIAMI AVE PH-2A MIAMI, FL 33130 US

DO NOT WRITE IN THIS SPACE

04202005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
11-3293387	Not Applicable

5. Certificate of Status Desired   ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIRLIN, DAN
155 S MIAMI AVE
#PH2A
MIAMI, FL 33130

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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_____

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, 2005 Fee will be $550.00

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

U00000344747
04/30/05-80008-019 159.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIRLIN, DANIEL
STREET ADDRESS	155 S MIAMI AVE #PH2A
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Daniel Sirlin   4-25-05   305-374-5455

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #