


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 032 ***150.00

DOCUMENT # F96000001713	
1. Entity Name HP ACQUISITION CORP.	

Principal Place of Business 155 S MIAMI AVE PH-2A MIAMI, FL 33130 US	Mailing Address 155 S MIAMI AVE PH-2A MIAMI, FL 33130 US
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2. Principal Place of Business - No P.O. Box # 333 S, Miami Avenue	3. Mailing Address 333 S. Miami Avenue
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150
City & State Miami, FL	City & State Miami, FL
Zip 33130	Country USA

40088293



03132007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SIRLIN, DAN 155 S MIAMI AVE #PH2A MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Sirlin, Daniel Street Address (P.O. Box Number is Not Acceptable) 333 S. Miami Avenue Suite 150 City Miami FL Zip Code 33130	
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4. FEI Number 11-3293387	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIRLIN, DANIEL 155 S MIAMI AVE #PH2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sirlin, Daniel 333 S. Miami Ave., Ste. 150 Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-20-07</u> Daytime Phone # _____