

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000002628

1. Entity Name
HFAC TWO, INC.



Principal Place of Business
23805 STUART RANCH RD.
SUITE 220
MALIBU, CA 90265 US

Mailing Address
23805 STUART RANCH RD.
SUITE 220
MALIBU, CA 90265 US



05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4558724

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**DO NOT WRITE
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)

U000000951631
05/04/08 00044 000 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCFO
SINGELYN, DAVID
23805 STUART RANCH RD, STE 220
MALIBU, CA 90265

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
GOLDGERG, DAVID
23805 STUART RANCH RD, STE 220
MALIBU, CA 90265

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
KIM, SARA H
23805 STUART RANCH RD, STE 220
MALIBU, CA 90265

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HUNING, RAYMOND F
23805 STUART RANCH RD, STE 220
MALIBU, CA 90265

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CHAN, VINCENT R
23805 STUART RANCH RD, STE 220
MALIBU, CA 90265

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Sara H. Kim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara H. Kim 5-5-08 310-317-1443

Date

Daytime Phone #