

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90230 005 \*\*\*150.00

**DOCUMENT # H03861**

1. Entity Name  
THE "H" GROUP, INC.



Principal Place of Business  
450 E. LAS OLAS BLVD., STE 1500  
FT. LAUDERDALE, FL 33301

Mailing Address  
450 E. LAS OLAS BLVD., STE 1500  
FT. LAUDERDALE, FL 33301

40084522



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2455533

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

AMERICAN INFORMATION SERVICES INC.  
1 SE 3RD AVE  
27TH FLOOR  
MIAMI, FL 33301

**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME HUIZENGA, H.W. JR  
STREET ADDRESS 450 E. LAS OLAS BLVD., STE 1500  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE VT  
NAME BRANDEN, CRIS V  
STREET ADDRESS 450 E. LAS OLAS BLVD., STE 1500  
CITY-ST-ZIP FT LAUDERDALE, FL 33301

TITLE S  
NAME HANDLEY, RICHARD L  
STREET ADDRESS 450 E. LAS OLAS BLVD., STE 1500  
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE V  
NAME HENNINGER, ROBERT M  
STREET ADDRESS 450 E. LAS OLAS BLVD., STE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE V  
NAME MUXO, ALEX  
STREET ADDRESS 450 E. LAS OLAS BLVD., STE 1500  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cris V. Branden

4/26/07  
Date

Daytime Phone #