


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J29988</b> 1. Entity Name <b>HANS EGGER, INC.</b>	
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Principal Place of Business <b>7800 W OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL 33351-6741</b>	Mailing Address <b>7800 W OAKLAND PARK BLVD. BLDG. "G" SUNRISE, FL 33351-6741</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2800497</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>LAPIERRE, REJEAN 7800 W OAKLAND PARK BLVD BLDG G SUNRISE, FL 33351</b>
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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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELBLING-EGGER, MAYA 7800 W OAKLAND PK BLVD BLDG "G" SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACH-EGGER, BEATRIX 7800 W OAKLAND PK BLVD SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGER-TOBLER, ISO 7800 W OAKLAND PK BLVD SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELBING, JOSEF 7800 W OAKLAND PK BLVD BLDG "G" SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000300072  
04/12/05-80003-021 150.00

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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)(f), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>JOSEF HELBLING</b> <small>Date</small>	<b>3-02-05</b> <small>Daytime Phone #</small>	<b>954-749-8802</b>
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