

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # K21337

1. Entity Name
HJR PROPERTIES, INC.



Principal Place of Business
444 BRICKELL AVENUE
SUITE 729
MIAMI, FL 33131

Mailing Address
444 BRICKELL AVENUE
SUITE 729
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0043019

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODSTEIN, T KIMBERLY
444 BRICKELL AVENUE
SUITE 729
MIAMI, FL 33131

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODSTEIN, T KIMBERLY
STREET ADDRESS 444 BRICKELL AVE. SUITE 729
CITY-ST-ZIP MIAMI, FL 33131

TITLE VP
NAME PEREZ, LOURDES
STREET ADDRESS 444 BRICKELL AVE SUITE 729
CITY-ST-ZIP MIAMI, FL 33131

TITLE S
NAME LEVIN, PERRY K
STREET ADDRESS 444 BRICKELL AVE SUITE 729
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/01/08-80054-004 158.75

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

T. Kimberly Rodstein 3/5/08 305-789-9922

Date

Daytime Phone #