

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K40290**  
 1. Entity Name  
 HJ FOUNDATION, INC.



Principal Place of Business 8275 NW 80TH STREET MIAMI, FL 33166 US	Mailing Address 8275 NW 80TH STREET MIAMI, FL 33166 US
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0080719	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 SCHATZ, RICHARD E  
 STEARNS WEAVER MILLER WEISSLER ALHADEFF  
 150 WEST FLAGLER ST  
 MIAMI, FL 33130

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

03/07/07-80017-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HICKEY, EDWIN W. 8275 NW 80TH STREET MIAMI, FL 33166
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: Edwin W. Hickey, PRES 305-592-8781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #