


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90068 028 ***150.00

DOCUMENT # **W 47462**

1. Entity Name: **H.G.M.N. INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1508 BOUNTY AVE.**
Suite, Apt. #, etc.

3. Mailing Address: **1508 BOUNTY AVE.**
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **N. BAY Village FL.**
City & State: **N. BAY Village FL.**

Zip: **33141** County: **US** Zip: **33141** County: **US**

4. FEI Number: **65.0085425**

Applied For: Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **MARIAN NEJMAN**

Street Address (P.O. Box Numbers Not Acceptable): **1508 BOUNTY AVE.**

City: **N. BAY Village MIAMI FL** Zip: **33141**

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.

Marian Neiman
MARIAN NEJMAN Register Agent

4/18/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

OFFICER	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	DIRECTOR/Secretary	MARIAN NEJMAN	1508 BOUNTY AVE.	N. BAY Village FL 33141
	DIRECTOR/PRESIDENT	HELEN GELLER	7508 BOUNTY AVE.	N. BAY Village FL 33141

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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)(a), 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 as an attachment with an address, or all other like empowered.

SIGNATURE: *M. Neiman* 4/18/03. 305-866-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/18/03