

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K95800

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: HVG ASSET MANAGEMENT CORPORATION

**Current Principal Place of Business:**

4141 NORTH MIAMI AVE  
SUITE 307  
MIAMI, FL 331272869

**New Principal Place of Business:**

**Current Mailing Address:**

4141 NORTH MIAMI AVE  
SUITE 307  
MIAMI, FL 331272869

**New Mailing Address:**

FEI Number: 65-0138334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARY, HOWARD V.  
4141 NORTH MIAMI AVE  
SUITE 307  
MIAMI, FL 331272869 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: GARY, HOWARD V.,  
Address: 4141 N MIAMI AVE STE 307  
City-St-Zip: MIAMI, FL 331272869

Title: SD ( ) Delete  
Name: GARY, HOWARD V.,  
Address: 4141 N MIAMI AVE STE 307  
City-St-Zip: MIAMI, FL 331272869

Title: VP ( ) Delete  
Name: PAREKH, KISHOR M  
Address: 4141 NORTH MIAMI AVENUE, SUITE 307  
City-St-Zip: MIAMI, FL 331272869

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD GARY

CPT

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date