

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90003 037 ****55.00

DOCUMENT # L03000009495

1. Entity Name
HFCNET USA, LLC



Principal Place of Business
15701 WEST WATERSIDE CIRCLE
101
SUNRISE, FL 33326

Mailing Address
~~15701 WEST WATERSIDE CIRCLE~~
~~101~~
~~SUNRISE, FL 33326~~

00014304

2. Principal Place of Business
10256 N.W. 47th St.

3. Mailing Address
* 10256 N.W. 47th St.

Suite, Apt. #, etc.
10256

Suite, Apt. #, etc.
* 10256

01152006 Chg-LLC CR2E083 (11/05)

City & State
Sunrise, FL

City & State
* Sunrise, FL

4. FEI Number
06-1682178

Applied For
Not Applicable

Zip
33351

Country
USA

Zip
* 33351

Country
* USA

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
MGR
MORALES, MAXIMO V ☐ Delete
STREET ADDRESS
15701 WEST WATERSIDE CIRCLE, SUITE 101
CITY-ST-ZIP
SUNRISE, FL 33326

TITLE
NAME
MGR
GEISSE-MORALES, FRANCYS M ☐ Delete
STREET ADDRESS
15701 WEST WATERSIDE CIRCLE, SUITE 101
CITY-ST-ZIP
SUNRISE, FL 33326

TITLE
NAME

☐ Delete
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

☐ Delete
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

☐ Delete
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

☐ Delete
STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
* Morales, Maximo V. ☒ Change ☐ Addition
STREET ADDRESS
* 10256 N.W. 47th St.
CITY-ST-ZIP
* Sunrise, FL 33351

TITLE
NAME
Geisse-Morales, Francys M. ☒ Change ☐ Addition
STREET ADDRESS
* 10256 N.W. 47th St.
CITY-ST-ZIP
* Sunrise, FL 33351

TITLE
NAME

☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

☐ Change ☐ Addition
STREET ADDRESS

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-15-06

Date

954-578-5929

Daytime Phone #