2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90020 007 ***150.00

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1. Entity Name
HRM OPTION CORP.

Principal Place of Business	Mailing Address
3998 FAU BOULEVARD #307 BOCA RATON, FL 33431	3998 FAU BOULEVARD #307 BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431	3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 06-1582760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Cu[rrent Registered Agent]

HEAD, THOMAS A
3998 FAU BOULEVARD #307
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Ad[dress] 3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431
City [Zip C]ode

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] Thomas A. Head 1/26/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, THOMAS A 3998 FAU BOULEVARD #307 BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431	☒ Change ☐ Addition
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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)(i), 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] Thomas A. Head 1/26/04 561-347-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #