## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P00000054981

1. Entity Namo

## H.P. MUSNICK INCORPORATED



FILED
Jan 31, 2008 08:00 A
Secretary of State

Principal Place of Business			Mailing Address			7					
2833 EXECUTIVE PARK DRIVE #500 WESTON FL 33331			2833 EXECUTIVE PARK DRIVE #500 WESTON FL 33331								
2. Principal Place of Business - No P.C. Box #			3. Mailing Address			1		<b>45</b> (1) <b>55</b> (2) <b>5</b> (1)		E  E=     +E=	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & State			City & State			4. FEI Numb	65-1008906 Applied Fo				
Zip		Country	Zip Country		ry	5. Certificate	Certificate of Status Desired S8.75 Additional Fee Required			ditional ed	
	6. Name	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent				
DEE		11012 111 0pg			Name						
163	6 PASSIC	NICK, HASEL ON VINE CIRCLE ERDALE FL 33326			Street Address (P.O. Box Number is Not Acceptable)						
,	11 47.00.	HUMEE I E COCEC								,	
				City			FL Zip Code				
8. The above the obligat	e named entit tions of regist	r submits this statement for ered agent.	the purpose of changing its	s registered	d office or registe	ered agent, or bo	oth, in the State of Flo	orida. Lami	familiar with	and accept	
SIGNATURE	Significre, typed	or printed hanne of registered agent a	FOAT eldes lightly (NOT	if. Registrieo	Agant eignstam regun	ns when remembrigs		DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee WIII Be \$550.00  Make Check Payable to Florida Department of State							9. Election Campa Trust Fund Cen	**		.00 May Be ed to Fees	
10.	T	OFFICERS AND [	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	PD	0.11012 114.051	☐ Derete	TITLE					Change	Addition	
NAME STREET ADDRESS		SNICK, HASEL	^^	NAME	1	000000806163 02/06/08-80031-005 150.0 <b>0</b>					
CITY-ST-782	WESTON F	CUTIVE PARK DRIVE #50 °L 33331	JU		F ADDRESS   02/06/08-80031-005-150. ()( st-zip			UU			
TITLE	VPD		☐ Derele	TITLE	-				☐ Change	Addition	
NAME	RAMIRZ, D	AVID	D0 d10	NAME						<u> </u>	
STREET ADDRESS	ESS 2833 EXECUTIVE PARK DRIVE #500 ST				T ADDRESS						
CITY - ST+ ZIP	WESTON F	L 33331		CITY+S	er nu					1	
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SANATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-06

954.217.0389

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