

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 023 ***150.00

DOCUMENT # P00000074051

1. Entity Name
 HS1 ADMINISTRATIVE SERVICES, INC.



Principal Place of Business
 1505 NW 167 STREET
 SUITE 450
 MIAMI, FL 33169

Mailing Address
 1505 NW 167 STREET
 SUITE 450
 MIAMI, FL 33169

4000000



2. Principal Place of Business
 801 E. HALLANDALE BEACH BLVD
 Suite, Apt. #, etc.
 200

3. Mailing Address
 801 E. HALLANDALE BEACH BLVD
 Suite, Apt. #, etc.
 200

04192006 Chg-P CR2E034 (11/05)

City & State
 HALLANDALE, FL

City & State
 HALLANDALE, FL

Zip Country
 33009 U.S.

Zip Country
 33009 U.S.

4. FEI Number
 65-1035164

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEAHY, ROBERT
 1505 NW 167TH STREET
 SUITE 450
 MIAMI, FL 33169

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 801 E. HALLANDALE BEACH BLVD.
 SUITE 200

City
 HALLANDALE FL Zip Code
 33009

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS LEAHY, ROBERT 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT KEARNEY, KRISTIN 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	801 E. HALLANDALE BEACH BLVD, SUITE 200 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Robert Leahy ROBERT LEAHY Date: 4/26/06 Daytime Phone #: 305 614 0100