## **2006 FOR PROFIT CORPORATION**

## Jun 01, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P00000090935** 06-01-2006 90001 021 \*\*\*150.00 1. Entity Name HBA CAPITAL GROUP, INC. Principal Place of Business Mailing Address 20020130 4700 MILLENIA BLVD. 4700 MILLENIA BLVD, STE 175 STE 175 ORLANDO, FL 32839 ORLANDO, FL 32839 Broadway St. 05302006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-1099854 Not Applicable Country 115A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, JANEL 4700 MILLENIA BLVD. **STE 175** ORLANDO, FL 32839 11edo 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 familier with, and accept the obligations of registered agen SIGNATURE Signature, type red Agent signature required when reinstating 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete IIILE YOUNG, JANEL NAME NAME STREET ADDRESS 4700 MILLENIA BLVD., STE, 175 STREET ADDRESS holerhill Rd., Ste. 183 CITY-ST-ZIP ORLANDO, FL 32839 CITY-ST-ZIP VD TITLE ☐ Delete TITLE YOUNG, JEAN NAME NAME . Underhill Rd., Ste 183 STREET ADDRESS 4700 MILLENIA BLVD., STE. 175 STREET ADDRESS CITY-ST-ZIP ORLNADO, FL 32839 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED