## 2008 FOR PROFIT CORPORATION

## Feb 07, 2008 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P00000107212 02-07-2008 90027 011 \*\*\*150.00 HDA INTERNATIONAL CONSTRUCTION, INC. Principal Place of Business Mailing Address 5301 N. FEDERAL HWY. 5301 N. FEDERAL HWY. SUITE 210 SUITE 210 BOCA RATON, FL 33487 BOCA RATON, FL 33487 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address E Atlantic Avenue Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 65-1055152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRONAWITTER, JOHN J s (P.O. Box Number is Not Acceptable) 5301 N. FEDERAL HWY. **SUITE 210** BOCA RATON, FL 33487 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 DP TITLE □ Delete TITLE SAMP. Change ☐ Addition KRONAWITTER, JOHN J NAME NAME 5301 N. FEDERAL HWY., SUITE 210 STREET ADDRESS STREET ADDRESS 777 E.AtlanticAve. #222 CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP Deiray Beach, FL 33483 s TITLE ☐ Delete same Addition KRONAWITTER, CECILIA NAME NAME 777 E. AHlantic AVC. #222 STREET ADDRESS 5301 N. FEDERAL HWY., SUITE 210 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE Delete TITI F Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JIJI F ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 empower

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

NAME

☐ Delete

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

FILED