## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P01000025423 04-30-2007 90423 020 \*\*\*150.00 HDPA DEVELOPMENT, INC. Principal Place of Business Mailing Address 21601 SW 154 AVE 18400 SW 127 AVE MJAMJ, FL 33177 MIAMIL FL 33170 No Chg-P 04242007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DUARTE, PETER DO NOT WRITE 18400 SW 127 AVE MIAMI, FL 33177 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aggreture registed when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE NAME DUARTE PETER 18400 SW 127 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 VTD TITLE HUBLEY, GROVER 18400 SW 127 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TETTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this fifting 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 same appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other times the empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7P

E OF SIGNING OFFICER OR DIRECTOR

Davime Phone #

FILED