


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90088 041 ***150.00

DOCUMENT # P01000034913		
1. Entity Name HL INC.		

Principal Place of Business 13485 BRACELONA CIRCLE DELRAY BEACH, FL 33446-3777	Mailing Address 13485 BRACELONA CIRCLE DELRAY BEACH, FL 33446-3777
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40035910

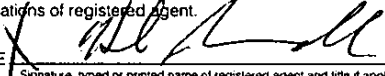


2. Principal Place of Business 13485 Barcelona Circle		3. Mailing Address 13485 Barcelona Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33446	Country	Zip 33446	Country

01172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SENDIK, IRIS 13485 BARCELONA LAKE CIRCLE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name Sendik, Herb Street Address (P.O. Box Number is Not Acceptable) 13485 Barcelona Lake Circle City Delray Beach FL Zip Code 33446	
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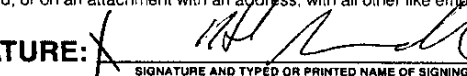
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	3/15/05
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SENDIK, IRIS S <input checked="" type="checkbox"/> Delete 13485 BRACELONA CIRCLE DELRAY BEACH, FL 334463777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sendik, Herb <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13485 Barcelona Lake Circle Delray Beach, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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:  DATE **3/15/05** Daytime Phone # **561-637-9986**