


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 033 ***150.00

DOCUMENT # P01000034913 1. Entity Name H L I INC.			
Principal Place of Business 13485 BRACELONA LAKE CIRCLE DELRAY BEACH, FL 33446-3777		Mailing Address 13485 BRACELONA LAKE CIRCLE DELRAY BEACH, FL 33446-3777	
2. Principal Place of Business - No P.O. Box # 13485 Barcelona Lake		3. Mailing Address 13485 Barcelona Lake	
Suite, Apt. #, etc. Circle		Suite, Apt. #, etc. Circle	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33446-3777 Country USA		Zip 33446-3777 Country USA	
4. FEI Number 65-1104915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SENDIK, HERB 13485 BARCELONA LAKE CIRCLE DELRAY BEACH, FL 33446		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 <u><i>Herb Sendik</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/24/07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SENDIK, HERB 13485 BRACELONA CIRCLE DELRAY BEACH, FL 334463777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Herb Sendik</i></u>		Date <u>4/24/07</u> Daytime Phone # _____	