

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 04, 2008 8:00 am
Secretary of State**

04-04-2008 90023 008 ***150.00

DOCUMENT # P01000038356

1. Entity Name
HC PROFESSIONAL CORPORATION



Principal Place of Business
12401 WEST OKECHOBEE RD
LOT 442
HIALEAH, FL 33018

Mailing Address
12401 WEST OKECHOBEE RD
LOT 442
HIALEAH, FL 33018

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40059063



04012008 Chg-P CR2E034 (12/06)

4. FEI Number 65-1092816	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

TORRES, WALTER
290 E 9 STREET APT 1
HIALEAH, FL 33010

Name *HECTOR CRUZ*

Street Address (P.O. Box Number is Not Acceptable)

12401 W. OKECHOBEE RD # 442

City *HIALEAH* FL Zip Code *33018*

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/1/08*

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME TORRES, WALTER
STREET ADDRESS 290 E 9 STREET APT 1
CITY-ST-ZIP HIALEAH, FL 33010

TITLE Change Addition
NAME *HECTOR CRUZ*
STREET ADDRESS *12401 W. OKECHOBEE RD # 442*
CITY-ST-ZIP *HIALEAH, FL 33018*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *HECTOR CRUZ*
STREET ADDRESS *12401 W. OKECHOBEE RD # 442*
CITY-ST-ZIP *HIALEAH, FL 33018*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *HECTOR CRUZ*
STREET ADDRESS *12401 W. OKECHOBEE RD # 442*
CITY-ST-ZIP *HIALEAH, FL 33018*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *HECTOR CRUZ*
STREET ADDRESS *12401 W. OKECHOBEE RD # 442*
CITY-ST-ZIP *HIALEAH, FL 33018*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *HECTOR CRUZ*
STREET ADDRESS *12401 W. OKECHOBEE RD # 442*
CITY-ST-ZIP *HIALEAH, FL 33018*

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/08 786 1126 6749