2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Apr 14, 2005 08:00 AM Secretary of State DOCUMENT.# P01000065890 1. Entity Name HLMASH INC. Principal Place of Business Mailing Address 2 S. UNIVERSITY DR #215 2 S. UNIVERSITY DR #215 PLANTATION, FL 33324 PLANTATION, FL 33324 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1114239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYNN, BRIAN DO NOT WRITE 2 S UNIVERSITY DR #215 PLANTATION, FL 33324 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 life if applicable (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, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. DP STIFE MASH, HOWARD STREET ADDRESS 3850 N W. 104 AVENUE 190019304072 194714705-80028-009 **150.00** CORAL SPRINGS, FL 33065 OUTV-ST-ZIP ٠. ۲. ۶ HAME JIREET ADDRESS CITY-ST-ZIP 7/TLE NAME STREET ADDRESS DO NOT WRITE DITY ST ZIP "ITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 12. Thereby certify that the information supplied with this filling 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 receiver or trustee employered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if