

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074919

Entity Name: HYPER, INC.

FILED  
Apr 25, 2005  
Secretary of State

**Current Principal Place of Business:**

1717 N BAYSHORE DR #102  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1717 N BAYSHORE DR #102  
MIAMI, FL 33132

**New Mailing Address:**

ONE S.E. 3RD AVENUE  
SUITE 2150  
MIAMI, FL 33131

FEI Number: 90-0021808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEDAR, DENNIS  
1717 N BAYSHORE DR #215  
MIAMI, FL 33132 US

**Name and Address of New Registered Agent:**

GERO, JACQUELINE  
ONE S.E. 3RD AVENUE  
SUITE 2150  
MIAMI, FL 33131 US

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.

SIGNATURE: JACQUELINE GERO

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALBERGHINI, ANDREA  
Address: 1717 N BAYSHORE DR #102  
City-St-Zip: MIAMI, FL 33132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA ALBERGHINI

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date