


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000090934

1. Entity Name
HB CONSTRUCTION GROUP CORP.



Principal Place of Business 2600 SW 92 PLACE MIAMI, FL 33165	Mailing Address 2600 SW 92 PLACE MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (1/1/05)

4. FEI Number 65-1143789	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

**HERMIDA, JAVIER
 2600 SW 92 PLACE
 MIAMI, FL 33165**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HERMIDA, JAVIER A 2600 SW 92 PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP HERMIDA, JOSE R 2600 SW 92 PLACE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/07-80072-019 150.00

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: _____ *Mos* **1/10/07** **305 970-5208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #