

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

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02-23-2005 90055 030 ***150.00

DOCUMENT # P01000092163

1. Entity Name
HYPOLUXO SOUTH, INC.



Principal Place of Business
~~1724 WEST HILLSBORO BLVD.~~
~~SUBWAY SUITE~~
~~DEERFIELD BEACH, FL 33442~~

Mailing Address
~~1724 WEST HILLSBORO BLVD.~~
~~SUBWAY SUITE~~
~~DEERFIELD BEACH, FL 33442~~

BOCA RATON, FL 33476
40021471



2. Principal Place of Business
7459 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Address
6555 SOMERSET CIRCLE
Suite, Apt. #, etc.

01312005 Chg-P CR2E034 (10/03)

City & State
Lake Worth, FL 33463

City & State
BOCA RATON, FL

4. FEI Number
65-1137702
Applied For
Not Applicable

Zip
33463
Country
Palm Beach

Zip
33496
Country
USA

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

6. Name and Address of Current Registered Agent

GIORGI, JOHN L
1724 WEST HILLSBORO BLVD.
SUBWAY SUITE
DEERFIELD BEACH, FL 33442

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GIORGI, JOHN L**
STREET ADDRESS **1724 WEST HILLSBORO BLVD. SUBWAY SUITE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **GIORGI, JOHN L**
STREET ADDRESS **6555 SOMERSET CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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: **2/13/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #