2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000101715

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90172 022 ***150.00

1. Entity Name HELLO SHOPS II, INC.									04-27-2	000 2017	2 022 13	0.00
Principal Place of Business 14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAMI, FL 33158				Mailing Address 14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAMI, FL 33158				40065705				
2. Principal Place of Business				3. Mailing Address 14765 SO. DIXIE HIGHWAY								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04072006	Chg-P	CR	2E034 (11/05)	
City & State				City & State MIAMI, FL 33158				4. FEI Num 65-11	ber 48749			plied For Applicable
Zip Country				Zip 	try		5. Certificate of Status Desired S8.75 Additional Fee Required					
	tered Agent		7. Name and Address of Ne					ed Agent				
HOCHSTETTER, BILL 14601 SOUTH DIXIE HIGHWAY STORE NO. 223 MIAMI, FL 33158						Strept Address (P.O. Box Number is Not Acceptable) 14/65 SO. DIXIE HIGHWAY City MIAMI, FL Zip Code 33176						
		ty submits this statement tered agent.	t for the p	ourpose of changing its	register			d agent, or b	ooth, in the State		_ 1331/0	
SIGNATURE	Signature, type-	d or printed name of registered a	jent and title	if applicable. (NOT	E: Registere	d Agent signature	required w	hen reinstating)		DA	TE	
		FEE IS \$150.00 6 Fee will be \$55	0.00	9. Election Campa Trust Fund Conf				0 May Be d to Fees				
10.		OFFICERS A	ND DIREC		11.	· 		ADDITION	S/CHANGES TO	OFFICERS	AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,001,000,000								DIXIE H1 33176	GHWAY	⊠ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	1,55, 55511.2						1476	65 SO.	DIXIE HI 33176	GHWAY	⊠ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete		l l		11, 11	<u> </u>		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		· j					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		4					☐ Change	☐ Addition
indicator	t on this roa	he information supplied ort or supplemental repo the receiver or trustee e	art is true	and accurate and that	my sinna	itura shati ha	IVA tha st	ame legal ett	lect as il made u	nder oatn: tn	iat i am an oiticei	oraxrector i

SIGNATURE: _

Rubette B.11 Hechetetter
signature and typed or printed name of signing officer or director

4-10-06

305 232-5558 Daytime Phone #