


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90047 046 ***150.00

DOCUMENT # P01000108896	
1. Entity Name HSMB CORP.	

Principal Place of Business 1926 10TH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461	Mailing Address 1926 10TH AVENUE NORTH, SUITE 400 LAKE WORTH, FL 33461
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50005856

2. Principal Place of Business 625 N. FLAGLER DRIVE Suite, Apt. #, etc. SUITE 625 City & State WEST PALM BEACH, FL Zip 33401 Country US	3. Mailing Address 625 N. FLAGLER DRIVE Suite, Apt. #, etc. SUITE 625 City & State WEST PALM BEACH, FL Zip 33401 Country US
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01042005 Chg-P CR2E034 (10/03)

4. FEI Number 52-2357736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, MICHEAL 1926 TENTH AVE. N STE. 400 LAKE WORTH, FL 33461	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 625 N. FLAGLER DRIVE SUITE 625 City WEST PALM BEACH FL Zip Code 33401	

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 Michael Bernstein MICHAEL BERNSTEIN 1/18/05
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERNSTEIN, MICHAEL 625 N FLAGLER DR., SUITE 625 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHAPIRO, STEPHEN J 625 N FLAGLER DR., SUITE 625 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SESCO, CAROLYN S. 625 M FLAGLER DR., SUITE 625 WEST PALM BEACH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Bernstein MICHAEL BERNSTEIN 1/18/05 (501)352-2280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #