

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000108896**

1. Entity Name  
HSMB CORP.



Principal Place of Business  
625 N FLAGLER DRIVE STE 625  
WEST PALM BEACH, FL 33401

Mailing Address  
625 N FLAGLER DRIVE STE 625  
WEST PALM BEACH, FL 33401



01112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2357736</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BERNSTEIN, MICHAEL  
625 N FLAGLER DRIVE STE 625  
STE. 400  
WEST PALM BEACH, FL 33401

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BERNSTEIN, MICHAEL
STREET ADDRESS	625 N FLAGLER DR., SUITE 625
CITY- ST- ZIP	WEST PALM BEACH, FL 33401

TITLE	VPD
NAME	SHAPIRO, STEPHEN J
STREET ADDRESS	625 N FLAGLER DR., SUITE 625
CITY- ST- ZIP	WEST PALM BEACH, FL 33401

TITLE	ST
NAME	SESCO, CAROLYN S.
STREET ADDRESS	625 N FLAGLER DR., SUITE 625
CITY- ST- ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UN0000410492  
02/09/06-80038-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Michael Bernstein **Michael Bernstein** 01/12/2006 (561) 352-2280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #