

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121782

Entity Name: HTM ENTERPRISES, INC.

FILED
May 06, 2009
Secretary of State

Current Principal Place of Business:

2495 SW 82ND AVE., #105
DAVIE, FL 33324

New Principal Place of Business:

1061 NE 39 AVE
HOMESTEAD, FL 33033

Current Mailing Address:

2495 SW 82ND AVE., #105
DAVIE, FL 33324

New Mailing Address:

1061 NE 39 AVE
HOMESTEAD, FL 33033

FEI Number: 80-0036775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MULET, EMILY J
4911 DOVE LANE
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

MULET, EMILY J
1061 NE 39 AVE
HOMESTEAD, FL 33033 US

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.

SIGNATURE:

05/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULET, HERNAN T
Address: 2495 SW 82ND AVE., #105
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MULET, HERNAN T
Address: 1061 NE 39 AVE
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNAN T MULET

P

05/06/2009

Electronic Signature of Signing Officer or Director

Date