


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000037964</b> 1. Entity Name <b>H.B.I.C., INC.</b>	
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Principal Place of Business <b>100 LINCOLN ROAD UNIT 348 MIAMI BEACH, FL 33139</b>	Mailing Address <b>100 LINCOLN ROAD UNIT 348 MIAMI BEACH, FL 33139</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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02012006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>77-0588034</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>PORNPRINYA, TONY 10800 BISCAYNE BLVD SUITE 988 MIAMI, FL 33161</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LEVY, RAQUEL 100 LINCOLN ROAD UNIT 348 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANGIANO, RONALD 100 LINCOLN ROAD UNIT 348 MIAMI BEACH, FL 33139
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<p>000000436140 02/27/06-80028-005 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  <b>RAQUEL LEVY</b> 2/10/06 917-567-2463	Date _____ Daytime Phone # _____
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