## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2005 8:00 am

DOCUMENT # PO 2000 GA38				Secretary of State 05-02-2005 90540 009 ***150.00	
1. Entity Name ANDREAS HIPPE INC.				03-02-2003 90340 009 130.00	
<u> </u>	OO NOT WRITE		ACE	50046542	
	Dudley Drive, etc.	3. Mailing Address 39 √ 1 D ∪ d Suite, Apt. #, etc.	d Drive	DO NOT WRITE IN THIS SPACE	
City & State	1tuna, floride		<i>ڊ</i> ل.	4. FEI Number Applied For Not Applicable	
<u> 3273</u>	38 US P	<sup>zi</sup> 3ə738	Country A	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			Street Addres	beltona FL zigcode af	
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.  SIGNATURE     Prodreas Hope					
Tax filing requirement and elects to do so.			y 1 Fee is \$150,00 , Fee is \$550.00 UBR is \$61.25 , to Depa <u>rtment o</u> f S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
11.	President - Direc		TITLE		
NAME STREET ADDRESS CITY-ST-ZIP	Andreas HIPPE	3	NAME		
TITLE NAME	7	32738			
STREET ADDRESS CITY+ST+ZIP			STREET ADORESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	39AI PROPED DE WASIAN HISS WD-ZEGIEFMIT	E - (wite)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
name Street address City-St-Zip	۸	まし ろつ735	NAME STREET ADDRESS CITY-ST-2/P	IN THIS SPACE	
title Name Street address City+St-Zip	,		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-2P		

13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

Attochment



50046547 50046547

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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