2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 10, 2004 8:00 am Secretary of State

Daytime Phone #

SIGNATURE:

DOCUMENT # P02000084913 09-10-2004 90010 035 ***150.00 1. Entity Name H.P. SALES INTERNATIONAL, INC. Principal Place of Business 2316 W. 79ST 2316 W. 79ST HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address 24 St. 1367 SW 15229 Suite, Apt. #, etc. Suite, Apt. #, etc. 09082004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number LIAM PEMBROKE 55-0790188 Not Applicable Country Country \$8.75 Additional 33028 5. Certificate of Status Desired 33(55 USA AZU Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 11/2 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** D/P/S/7 TITLE Delete TITLE PEREZ, HERMAN NAME NAME STREET ADDRESS 1647 WEST 31ST PLAE 15229 NW 7 St. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP PEMBROKE PINES FL 33028 Delete TITLE Addition PEREZ; HERMAN NAME NAME STREET ADDRESS 1647 WEST 31ST PLAE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-7IP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 trystee 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.

HERMAN