2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
05-14-2004 90011 022 ***150.00

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04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000114221

1. Entity Name
HGST PROPERTIES CORP.

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146	1320 SOUTH DIXIE HIGHWAY SUITE 280 CORAL GABLES, FL 33146

2. Principal Place of Business		3. Mailing Address	
2655 LE JEUNE RD.		2655 LE JEUNE RD.	
Suite, Apt. #, etc. 403		Suite, Apt. #, etc. 403	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33134	Country USA	Zip 33134	Country USA

4. FEI Number 83-0344463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VERONA, RAUL J
1320 SOUTH DIXIE HIGHWAY
SUITE 280
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name ALEXANDER J. ALFANO, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
2655 LE JEUNE RD., SUITE 403
City MIAMI FL Zip Code 33134

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] 4/23/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, HAROLD 1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/04 (305)-728134[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #