

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121896

FILED
Apr 21, 2004
Secretary of State

Entity Name: HL SERVICES CORP.

Current Principal Place of Business:

335 S.W. 35 AVENUE
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1565
DEERFIELD BEACH, FL 33443

New Mailing Address:

FEI Number: 30-0128186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
531 EAST SAMPLE ROAD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE ROAD
POMPANO BEACH, FL 33064 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: TAX HOUSE CORPORATION

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEMOS, EDISON
Address: P.O. BOX 1565
City-St-Zip: DEERFIELD BEACH, FL 33443

Title: VD () Delete
Name: LEMOS, MARIA H
Address: P.O. BOX 1565
City-St-Zip: DEERFIELD BEACH, FL 33443

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDSON LEMOS

PD

04/21/2004

Electronic Signature of Signing Officer or Director

Date