


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000125157 1. Entity Name HCD ENTERPRISES, INC. |  |
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| Principal Place of Business 16222 127TH DRIVE NORTH JUPITER, FL 33478 US | Mailing Address 16222 127TH DRIVE NORTH JUPITER, FL 33478 US |
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04022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|---|
| 4. FEI Number 20-0356350 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent DESCALZO, HOPE C 16222 127TH DRIVE NORTH JUPITER, FL 33478 |
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IN THIS SPACE**

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 resigning) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000493684
04/20/06-30014-023 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DESCALZO, HOPE C 16222 127TH DRIVE NORTH JUPITER, FL 33478 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DESCALZO, CARLOS 16222 127TH DRIVE NORTH JUPITER, FL 33478 |
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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: Hope Descalzo Hope Descalzo 4/3/06 5617434305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #