## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000151819

Entity Name: HBS CONSULTING, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2829 BIRD AVE 5-300 2829 BIRD AVE 5-300 BOSTON, MA 02215 MIAMI, FL 33133

Current Mailing Address: New Mailing Address:

2829 BIRD AVE 5-300 2829 BIRD AVE 5-300 BOSTON, MA 02215 MIAMI, FL 33133

FEI Number: 20-0740981 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEONE, DENNIS SHANKMAN LEONE WESTERMAN 215 W VERNE ST TAMPA, FL 33606 US JOSEPHSON, PHILIP LAW OFFICE OF PHILIP JOSEPHSON 2000 SOUTH DIXIE HWY., SUITE 104 MIAMI, FL 33133 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: PHILIP JOSEPHSON 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: JOSEPHSON, PHILIP Name: JOSEPHSON, PHILIP
Address: 106 QUEENSBERRY ST #2 Address: 2829 BIRD AVENUE, SUITE 5-300

City-St-Zip: BOSTON, MA 02215 City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILIP JOSEPHSON PRES 04/27/2007

Electronic Signature of Signing Officer or Director

Date