## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000024213**

1. Entity Name

"H" STREET PROPERTY, INC.



FILED Aug 25, 2006 08:00 A Secretary of State

Principal Place of Business

Mailing Address

701 NORTH DIXIE HWY LAKE WORTH, FL 33460 701 NORTH DIXIE HWY LAKE WORTH, FL 33460



## DO NOT WRITE IN THIS SPACE

05122006 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number
NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOGGINS, KATHLEEN J ESQ GIBSON & LOGGINS, P.A. 303 BANYAN BLVD STE 400 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

					,	
	named entity submits this statement for the ions of registered agent.	e purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Fiorida. I am familiar with, and accept	
Signature Signature, Nood or printed name of registered agent and the it applicable. (NOTE: Rog alloyed				U0000575291 Agent # grafue regulard when rensating) 08/25/06-80/6074-016 : 150 : 00		
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Efection Campaign Finan Trust Fund Contribution.	cing []	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
TITLE	DPTS					
NAME	MATERIO, SHARON			•	•	
STREET ADDRESS	701 NORTH DIXIE HWY		i			
CITY ST-2tP	LAKE WORTH, FL 33460		i			
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TITLE						
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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 turther 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: Shazan

NAME STREET ADDRESS CITY-ST-ZIP

garon Materio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-8-23:06 pres

561-585-9011