

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047942

Entity Name: HLM SERVICES, INC.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

3110 SW 19TH TER
MIAMI, FL 33143

New Principal Place of Business:

1825 PONCE DE LEON BLVD
296
CORAL GABLES, FL 33134

Current Mailing Address:

1810 SW 31ST AVE
MIAMI, FL 33145

New Mailing Address:

1825 PONCE DE LEON BLVD
296
CORAL GABLES, FL 33134

FEI Number: 03-0539811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORA, HERMAN L
3110 SW 19TH TER.
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

MORA, HERMAN L
5200 SW 8TH STREET
112
CORAL GABLES, FL 33134 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:

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MORA, HERMAN L
Address: 3110 SW 19TH TER.
City-St-Zip: MIAMI, FL 33145 US

Title: VP () Delete
Name: MORA, NOLVIA I
Address: 1810 SW 31ST AVE
City-St-Zip: MIAMI, FL 33145

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MORA, NOLVIA I
Address: 1810 SW 31 AVE
City-St-Zip: MIAMI, FL 33145 US

Title: VP (X) Change () Addition
Name: CABRERA, AMMER
Address: 9301 SW 92 AVE
City-St-Zip: MIAMI, FL 33176

Title: SECY () Change (X) Addition
Name: MORA, ALFRED G
Address: 3110 SW 19 TER
City-St-Zip: MIAMI, FL 33145

Title: MGR () Change (X) Addition
Name: MORA, HERMAN L
Address: 5200 SW 8TH STREET
City-St-Zip: CORAL GABLES, FL 33145

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: NOLVIA I ZUNIGA

PRES

02/18/2009

Electronic Signature of Signing Officer or Director

Date