

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90204 042 ***150.00

DOCUMENT # P04000052297					
1. Entity Name HILLSBOROUGH COUNTY I CORPORATION					
Principal Place of Business 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL		03302006 Chg-P CR2E034 (11/05)	
Zip 33323		Country USA		4. FEI Number 20-0991553	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. 200 E BROWARD BLVD 15 FLR FT LAUDERDALE, FL 33301			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME EZRATTI, ITZHAK STREET ADDRESS 1401 UNIVERSITY DR, #200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE DP NAME EZRATTI, ITZHAK STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAS NAME FANT, ALAN J STREET ADDRESS 1401 UNIVERSITY DR, #200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE VAS NAME FANT, ALAN J STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME COSTELLO, RICHARD A STREET ADDRESS 1401 UNIVERSITY DR, #200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE VT NAME COSTELLO, RICHARD A STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME NORWALK, RICHARD M STREET ADDRESS 1401 UNIVERSITY DR, #200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE V NAME NORWALK, RICHARD M STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME MENENDEZ, N. MARIA STREET ADDRESS 1401 UNIVERSITY DR, #200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE VT NAME MENENDEZ, N. MARIA STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CORBAN, PAUL STREET ADDRESS 1401 UNIVERSITY DR, #200 CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE S NAME CORBAN, PAUL STREET ADDRESS 1600 SAWGRASS CORP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			N. MARIA MENENDEZ, VICE PRESIDENT 4/28/06 954-753-1730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		