


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 042 ***158.75

DOCUMENT # P04000052306	
1. Entity Name HILLSBOROUGH COUNTY II CORPORATION	

Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323 <i>Sunrise, FL 33323</i>	Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 FORT LAUDERDALE, FL 33323 <i>Sunrise, FL 33323</i>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40030000



04192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0991694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANT, MARK F ESQ. 200 E BROWARD BLVD 15 FLR FT LAUDERDALE, FL 33301		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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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See Attached

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZRATTI, ITZHAK			NAME	EZRATTI, ITZHAK		
STREET ADDRESS	1401 UNIVERSITY DRIVE, # 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	VAS	<input type="checkbox"/> Delete		TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANT, ALAN J.			NAME	FANT, ALAN J.		
STREET ADDRESS	1401 UNIVERSITY DRIVE # 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTELLO, RICHARD A.			NAME	COSTELLO, RICHARD A.		
STREET ADDRESS	1401 UNIVERSITY DRIVE # 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORWALK, RICHARD M.			NAME	NORWALK, RICHARD M.		
STREET ADDRESS	1401 UNIVERSITY DRIVE, # 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	V	<input type="checkbox"/> Delete		TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENENDEZ, N. MARIA			NAME	MENENDEZ, N. MARIA		
STREET ADDRESS	1401 UNIVERSITY DRIVE, # 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		
TITLE	S	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBAN, PAUL			NAME	CORBAN, PAUL		
STREET ADDRESS	1401 UNIVERSITY DRIVE, # 200			STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP	SUNRISE, FL 33323		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. MARIA MENENDEZ, VICE PRESIDENT

Date

4/27/07

954-753-1730

Daytime Phone #

ATTACHMENT

40095883

CONTINUATION PAGE

DOCUMENT # P040000S2306
2007 FOR PROFIT CORPORATION
ANNUAL REPORT

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition

TITLE:

V

NAME:

STEVEN M. HELFMAN

STREET ADDRESS:

1600 Sawgrass Corp Pkwy #300

CITY-ST-ZIP:

Sunrise, FL 33323