
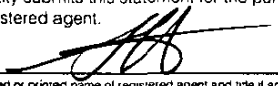
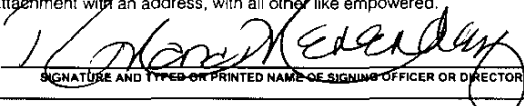


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90226 004 \*\*\*158.75

<b>DOCUMENT # P04000052306</b> 1. Entity Name <b>HILLSBOROUGH COUNTY II CORPORATION</b>					
Principal Place of Business <b>1600 SAWGRASS CORP PKWY SUITE 300 230 SUNRISE, FL 33323</b>			Mailing Address <b>1600 SAWGRASS CORP PKWY SUITE 300 230 SUNRISE, FL 33323</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-0991694</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRANT, MARK F ESQ. 200 E BROWARD BLVD 15 FLR FT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>Steven M. Helfman, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sawgrass Corp Pkwy, Suite 230</b> City <b>Sunrise</b> FL Zip Code <b>33323</b>		
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:  DATE: <b>4/29/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZHAH 1600 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J. 1600 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A. 1600 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP Richard Arkin 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M. 1600 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENENDEZ, MARIA N 1600 SAWGRASS CORP. PKWY STE 300 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VT MENENDEZ, N. MARIA 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP. PKWY STE 300 230 SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP Steven M. Helfman 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>	
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 DATE: <b>4/29/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Do 954753-1730</small>		