## **2008 FOR PROFIT CORPORATION**

## FILED Apr 11, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary of State				
DOCUMENT # P0400055143  1. Entity Name THE HURST FINANCIAL ORGANIZATION, INC.									04-11-2008	3 90031 (	017 ***15	60.00
Principal Place of Business 8004 NW 154TH STREET SUITE 309 MIAMI LAKES, FL 33016 US				Mailing Address 8004 NW 154TH STREET SUITE 309 MIAMI LAKES, FL 33016 US								
2. Principal Place of Business - No P.O. Box # 3952 W 6460 (Nid Ave Suite, Apt. #, etc.				3. Mailing Address 3952 w Gagneria Ave Suite, Apt. #, etc.			dre.	04072008 Chg-P CR2E034 (12/06)				
City & State Weston F1				City & State Wesson F)				4. FEI Num				plied For Applicable
Zip 33337	Country  337 USA			Zip Co		try S A			te of Status Desired		\$8.75 Add Fee Required	itional
6. Name and Address of Current Registered Agent  BOU, FRANK A 9004 NW 154 ST, #309 MIAMI LAKES, FL 33016						7. Name and Address of New Registered Agent  Name  FRANK A. Bou  Street Address (P.O. Box Number is Not Acceptable)  3953 W 646 Denia Are						
B. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.								.To <b>~</b> ed agent, or b			familiar with,	332
SIGNATURE	Signature, typed	or printed name of regi	stered agent cod little	il applicable. (NOT	E: Registere	d Agent signatu	ure required	when reinstating)		S OS		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Con						ncing		.00 May Be ed to Fees				
10.	, , , , , , , , , , , , , , , , , , ,	·····	ERS AND DIREC		11.			ADDITION	IS/CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	•	•		☐ Delete			5 FRA		Bou 64ebenia Kl 3373	Ave	<b>Æ</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, \ 8004 NW MIAMI LA			D W:11	Illiam Hoesr Addition							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delele							☐ Change	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR