

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90157 010 \*\*\*150.00

<b>DOCUMENT # P04000091960</b> 1. Entity Name <b>HOT PRODUCTS INC</b>					
Principal Place of Business <b>3036 CRYSTAL CREEK BLVD ORLANDO, FL 32837 US</b>			Mailing Address <b>3036 CRYSTAL CREEK BLVD ORLANDO, FL 32837 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>20-1243720</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHARIFI ASHTIANI, JAVAD 3036 CRYSTAL CREEK BLVD ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P		<input type="checkbox"/> Delete		
NAME	SHARIFI ASHTIANI, JAVAD		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3036 CRYSTAL CREEK BLVD				
CITY - ST - ZIP	ORLANDO, FL 32837				
TITLE	S/TR		<input type="checkbox"/> Delete		
NAME	SHARIFI ASHTIANI, LORRAINE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	3036 CRYSTAL CREEK BLVD				
CITY - ST - ZIP	ORLANDO, FL 32837				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Junaid Sharifi Ashtiani</i>			Date <b>April 07, 2005</b> 407 595-2115		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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