2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 8:00 am Secretary of State DOCUMENT # P04000148730 05-02-2005 90450 035 ***150.00 1. Entity Name HHL REMODELING, INC. Principal Place of Business Mailing Address 600 PARKVIEW DR APT #604 600 PARKVIEW DR APT #604 HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 03282005 CR2E034 (10/03) 4. FEI Number 20 - 1846754 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANARO, HECTOR HUGO 600 PARKVIEW DR APT #604 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE, FL 33009 City 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 Fiorida. 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE Change ☐ Addition NAME LANARO, HECTOR HUGO NAME STREET ADDRESS 600 PARKVIEW DR APT #604 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 any agradoress, with all other like empowered. aryagidress, with all other like empowered.

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #