


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90057 041 \*\*\*150.00

<b>DOCUMENT # P04000149795</b>	
1. Entity Name <b>H &amp; D CONSULTING, CORP.</b>	

Principal Place of Business <b>5229 N DIXIE HWY D1 FT LAUDERDALE, FL 33308</b>	Mailing Address <b>5130 N FEDERAL HWY SUITE 10 FT LAUDERDALE, FL 33308</b>
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40020354



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>6278 N. Federal Hwy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>371</b>
City & State	City & State <b>Ft. Lauderdale</b>
Zip	Country <b>USA</b>
Country	Zip <b>33308</b>

02142007 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>GBS CONSULTANTS</b> <b>1290 WESTON ROAD, SUITE 306</b> <b>WESTON, FL 33326</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Sugeis Homes* DATE 02/14/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>TORRES, HILDEMARO</b> <b>5229 N DIXIE HWY APT D1</b> <b>FORT LAUDERDALE, FL 33334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPTD</b> <b>TORRES, SUGEIS</b> <b>5229 N DIXIE HWY APT D1</b> <b>FORT LAUDERDALE, FL 33334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sugeis Homes* DATE 02/14/2007 DAYTIME PHONE # 832-74180300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR