

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000056043

Entity Name: H D LOOP SERVICES, INC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

13040 SW 7TH CT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13040 SW 7TH CT
DAVIE, FL 33325

New Mailing Address:

FEI Number: 20-2608084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JALBERT, JOSEE
13040 SW 7TH CT
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JALBERT, JOSEE
Address: 13040 SW 7TH CT
City-St-Zip: DAVIE, FL 33325

Title: O () Delete
Name: MARIO, FISET
Address: 13040 SW 7TH COURT
City-St-Zip: DAVIE, FL 33325

Title: O () Delete
Name: JEFFREY, JALBERT-CHARET
Address: 13040 SW 7TH COURT
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEE JALBERT

D

04/16/2009

Electronic Signature of Signing Officer or Director

Date