2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067016

City-St-Zip:

CORAL GABLES, FL 33134 US

Entity Name: H.D. & T.B. INVESTMENTS, INC.

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2121 PONCE DE LEON BLVD. STE 330 CORAL GABLES, FL 33134				1430 S. DIXIE HIGHWAY STE 321 CORAL GABLES, FL 33146		
Current Mailing Address:				New Mailing Address:		
2121 PONCE DE LEON BLVD. STE 330 CORAL GABLES, FL 33134				1430 S. DIXIE HIGHWAY STE 321 CORAL GABLES, FL 33146		
FEI Number	: 20-2836795	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ORTIZ, LISSETTE ESQ. 2121 PONCE DE LEON BLVD. STE 330 CORAL GABLES, FL 33134 US				ORTIZ, LISSETTE ESQ. 1430 S. DIXIE HIGHWAY STE 321 CORAL GABLES, FL 33146 US		
	named entity of Florida.	submits this statement for the	purpose c	of changing i	ts registere	ed office or registered agent, or both,
SIGNATURE:				04/03/2009		
	Electro	nic Signature of Registered Ag	gent			Date
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (DE LARA, HUN 7521 SW 116 MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	SD (BURCET, TOM 6760 GLENEA MIAMI LAKES,	GLE DR		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address:	ORTIZ, LISSE) Delete TTE ESQ. DE LEON BLVD, STE 330		Title: Name: Address:		(X) Change()Addition SETTE ESQ. 'H DIXIE HIGHWAY, STE 321

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.

City-St-Zip:

CORAL GABLES, FL 33146 US

SIGNATURE: LISSETTE ORTIZ VP 04/03/2009