


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90259 046 \*\*\*150.00

<b>DOCUMENT # P05000132643</b> 1. Entity Name HLB 3052, INC.																													
Principal Place of Business 800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309				Mailing Address 800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309																									
2. Principal Place of Business 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. <b>SUITE 465</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33309</b>		3. Mailing Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. <b>SUITE 465</b> City & State <b>FT. LAUDERDALE, FL</b> Zip <b>33309</b>		4. FEI Number <b>51-0556513</b> Applied For <input type="checkbox"/> Not Applicable																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY</b> <b>800 W. CYPRESS CREEK RD., STE. 470</b> <b>FT. LAUDERDALE, FL 33309</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D BRENDAL, HARLAN</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>100 N. FEDERAL HWY, STE. 643</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FT. LAUDERDALE, FL 33301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D BRENDAL, HARLAN	<input type="checkbox"/> Delete	NAME	100 N. FEDERAL HWY, STE. 643		STREET ADDRESS	FT. LAUDERDALE, FL 33301		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PST BRENDAL, HARLAN</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>8012 EDGEMERE LANE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PALM BEACH GARDENS, FL 33410</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PST BRENDAL, HARLAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	8012 EDGEMERE LANE		STREET ADDRESS	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
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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:** Harlan Brendal **HARLAN BRENDAL** **President** **4.28.6**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #