

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-21-2007 90049 008 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000132643 1. Entity Name HLB 3052, INC.			
Principal Place of Business 800 W. CYPRESS CREEK RD., STE. 465 FT. LAUDERDALE, FL 33309		Mailing Address 800 W. CYPRESS CREEK RD., STE. 465 FT. LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LEHEL, LARRY 800 W. CYPRESS CREEK RD., STE. 470 FT. LAUDERDALE, FL 33309		DO NOT WRITE IN THIS SPACE	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
D BRENDAL, HARLAN 100 N. FEDERAL HWY, STE. 643 FT. LAUDERDALE, FL 33301			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PST BRENDAL, HARLAN 8012 EDMERE LANE PALM BEACH GARDENS, FL 33410			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		6.4.7	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	