2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000139365

FILED May 05, 2008 08:00 AN Secretary of State

1. Entity Name HCA GROUP, INC.	grade i y mar					
Principal Place of Business	Mailing Address					
9016 SW 169 AVE MIAMI, FL 33196 US	9016 SW 169 AVE MIAMI, FL 33196 US		,			
DO NOT WRITE	IN THIS COA	^E	04242008	No Chg-P	CR2E034 (11	<u> </u>
DO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 65-126			Applied For Not Applicable
			5. Certificate	of Status Desired [□ \$8.7 Fee Re	5 Additional aquired
6. Name and Address of Current	Registered Agent					
CASTRO, MARIA E 9016 SW 169 AVE MIAMI, FL 33196				NOT WR		
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its registe	red office or register	red agent, or bot	h, in the State of Florida	a. I am familiai	with, and accept
SIGNATURE Signature. Typed or printed name of registered agent	and title if applicable (NOTE: Register	red Agent signature required	d when roinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	U00000949 06/02/08-80		150.00
10. OFFICERS AND	DIRECTORS		}			

TITLE CASTRO, MARIA E NAME STREET ADDRESS 9016 SW 169 AVE C117-S1-ZIP MIAMI, FL 33196 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 24/08

3069727792

Daytime Phone #