


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90204 038 ***150.00

DOCUMENT # P05000145404	
1. Entity Name HILLSBOROUGH COUNTY V CORPORATION	

Principal Place of Business 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323	Mailing Address 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy	3. Mailing Address 1600 Sawgrass Corp Pkwy
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA



04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3927455	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOBLÉ, JAMES B ESQ 401 EAST JACKSON STREET SUITE 2700 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *N. Maria Menendez* N. MARIA MENENDEZ, VICE PRESIDENT 4-28-06 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #