
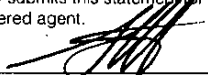
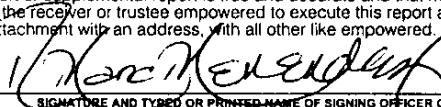


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90037 045 \*\*\*150.00

<b>DOCUMENT # P05000145404</b> 1. Entity Name <b>HILLSBOROUGH COUNTY V CORPORATION</b>					
Principal Place of Business <b>1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323</b>			Mailing Address <b>1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUNRISE, FL 33323</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3927455</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SOBLE, JAMES B ESQ 401 EAST JACKSON STREET SUITE 2700 TAMPA, FL 33602</b>				7. Name and Address of New Registered Agent Name <b>Steven M. Helfman, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sawgrass Corporate Parkway, Suite 300</b> City <b>Sunrise</b> <b>FL</b> Zip Code <b>33323</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/26/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <del>MENDEZ, MARIA M</del> 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>MENENDEZ, N. MARIA</b> <b>Sunrise, FL 33323</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY STE 300 <del>FORT LAUDERDALE, FL 33323</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Sunrise, FL 33323</b>	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>N. MARIA MENENDEZ, VICE PRESIDENT</b> Date <b>4/27/07</b> Daytime Phone # <b>954-753-1730</b>		