

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162503

FILED
Apr 21, 2006
Secretary of State

Entity Name: HYPERION RESIDENCE MANAGEMENT, INC.

Current Principal Place of Business:

720 NE 2ND AVENUE
MIAMI, FL 33132 US

New Principal Place of Business:

724 NE 2ND AVENUE
MIAMI, FL 33132 US

Current Mailing Address:

720 NE 2ND AVENUE
MIAMI, FL 33132 US

New Mailing Address:

724 NE 2ND AVENUE
MIAMI, FL 33132 US

FEI Number: 20-4256494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARDO, GAINSBURG & BARROW, LLP
2 SOUTH BISCAYNE BLVD.
SUITE 2475
MIAMI, FLORIDA, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VECSLER, ROBERT
Address: 720 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VECSLER, ROBERT
Address: 724 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132 US

Title: VD () Change (X) Addition
Name: DEVITO, MAUREEN
Address: 724 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

Title: SD () Change (X) Addition
Name: KABA, CAROLYN
Address: 724 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VECSLER

PD

04/21/2006

Electronic Signature of Signing Officer or Director

Date