2008

1. Entity Name

FÖR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P06000010713

FILED May 29, 2008 8:00 am Secretary of State 05-29-2008 90193 010 ***150.00

H.R. Capital Corp.					
DO NOT WRITE IN THIS SPACE					
				40106041	
2. Principal Pla	ice of Business	3. Mailing Address		-	
1		9th St.	, · · ·		
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Oficina 359 Suite 101		<u> </u>		_	
City & State				4. FEI Number Applied For	_
Zip	Country	Miami, FL	Country	20-4180903 Not Applica \$8.75 Additional	<u>Die j</u>
	Colombia	· · ·	USA	5. Certificate of Status Desired Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	7
Name					\neg
				lle, Manuel_R. s (P.O. Box Number is Not Acceptable)	\dashv
73				.W. 19th St.	
Suite					コ
, <u> Su 1</u> City				7in Code	\dashv
City Miami FL Zip Code 33126-122					
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					
January 1 - May 1 Fee is \$150.00					
	ter May 1, Fee is \$550.00			9. Election Campaign Financing \$5.00 May B	
Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State					
10.	OFFICERS AND D				٦,
TITLE [D/P		TITLE		{
	Ruiz, Blanca A.		NAME		15
	Calle 10 Sur, #		STREET ADDRESS		9
	<u>Medellin, Colom</u>	<u>bia</u>	CITY - ST - ZIP		
	D\A <u>B</u>		TITLE		٥
NAME F	Hernandez, Lina	M.	NAME		١٢
	Calle 10 Sur, # Medellin, Colom		STREET ADDRESS CITY - ST - ZIP		Į
	<u>Medellin, Colom</u> D/T	DIG.	·		_
	Hernandez, Jose	F	TITLE NAME		
STREET ADDRESS (Calle 10 Sur, #	48B-05	STREET ADDRESS		
CITY - ST - ZIP	Medellin, Colom	bia	CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	- 1
	D/S		TITLE		\neg
NAME F	Hernandez, Juan	Ρ.	NAME		
	Calle 10 Sur, #		STREET ADDRESS		
CITY-ST-ZIP N	<u> Medellin, Colom</u>	<u>bia</u>	CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP	•	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 any an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					