

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90061 043 ***150.00

DOCUMENT # P06000036375 1. Entity Name HGG ENTERPRISES, INC.																													
Principal Place of Business 1133 CAMELLIA CIRCLE WESTON, FL 33326			Mailing Address 1133 CAMELLIA CIRCLE WESTON, FL 33326																										
2. Principal Place of Business - No P.O. Box # 1079 Shotgun Rd.		3. Mailing Address 16101 Emerald Estates Dr.																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 152																											
City & State Sunrise, FL		City & State Weston, FL		4. FEI Number 20-5089443																									
Zip 33326		Country USA		Applied For <input type="checkbox"/> Not Applicable																									
Zip 33331		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SERRANO, JUAN R 707 SE 3RD AVENUE 6TH FLOOR FORT LAUDERDALE, FL FL			7. Name and Address of New Registered Agent Name Helena Garcia Street Address (P.O. Box Number is Not Acceptable) 1079 Shotgun Rd. City Sunrise FL Zip Code 33326																										
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 <u>Helena Garcia</u> (NOTE: Registered Agent signature required when registering) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P GARCIA, HELEN</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1133 CAMELLIA CIRCLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>WESTON, FL 33326</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P GARCIA, HELEN	<input type="checkbox"/> Delete	NAME	1133 CAMELLIA CIRCLE		STREET ADDRESS	WESTON, FL 33326		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P GARCIA, HELEN</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>16101 Emerald Estates Dr #152</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Weston, FL 33331</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P GARCIA, HELEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	16101 Emerald Estates Dr #152		STREET ADDRESS	Weston, FL 33331		CITY-ST-ZIP		
TITLE	P GARCIA, HELEN	<input type="checkbox"/> Delete																											
NAME	1133 CAMELLIA CIRCLE																												
STREET ADDRESS	WESTON, FL 33326																												
CITY-ST-ZIP																													
TITLE	P GARCIA, HELEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	16101 Emerald Estates Dr #152																												
STREET ADDRESS	Weston, FL 33331																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP								
TITLE	NAME	<input type="checkbox"/> Delete																											
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
STREET ADDRESS																													
CITY-ST-ZIP																													
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: Helena Garcia - Helena Garcia Jan 30/08 3059058466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													