## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000135140

FILED Aug 04, 2007 Secretary of State

Entity Nam	ne: HJSTRADI	ING, INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
10648 ST THOMAS DRIVE BOCA RATON, FL 33498				11734 WATERCREST LANE BOCA RATON, FL 33498 US	
Current Mailing Address:			New Maili	New Mailing Address:	
10648 ST THOMAS DRIVE BOCA RATON, FL 33498			11734 WATERCREST LANE BOCA RATON, FL 33498 US		
FEI Number:	26-0550175	FEI Number Applied For ( )	FEI Number Not App	Dicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				d Address of New Registered Agent:	
1201 HAYS TALLAHAS	SEE, FL 32301	2525 US	pose of changing i	its registered office or registered agent, or both,	
SIGNATUR		O'		Data	
Election Cam	e with s. 607.193(2	Signature of Registered Agent 2)(b), F.S., the corporation did not retrust Fund Contribution ( ). DRS:	eceive the prior notic	Date ce. NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () D DENOTO, JAMES 11734 WATERCR BOCA RATON, FL	EST LANE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DENOTO, JAMES 11734 WATERCREST LANE BOCA RATON, FL 33498 US	
Title: Name: Address: City-St-Zip:	D () D LEVITT, HERBER 10648 ST THOMA BOCA RATON, FL	T .S DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition LEVITT, HERBERT 10648 ST THOMAS DRIVE BOCA RATON, FL 33498 US	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES DENOTO D 08/04/2007

( ) Delete

MATEYUNAS, SCOTT

NORTHPORT, NY 11768

39 CAIRO AVENUE

Title:

Name:

Address:

City-St-Zip:

(X) Change ( ) Addition

MATEYUNAS, SCOTT

NORTHPORT, NY 11768 US

39 CAIRO AVENUE