## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P06000140424

Entity Name: HILLSIDE INVESTMENTS CORP.

FILED Jul 15, 2009 Secretary of State

Current Principal Place of Business:			New Pr	New Principal Place of Business:		
121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES, FL 33134 US						
Current Mailing Address:			New Mailing Address:			
121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES, FL 33134 US						
FEI Number: 20-8070594 FEI Number Applied For ( )			FEI Number Not A	Number Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
JENSEN, JOAN B 121 ALHAMBRA PLAZA, SUITE 1400 CORAL GABLES, FL 33134 US						
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:						
	Electron	ic Signature of Registered Agent		1	Date	
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PEDRO 121 ALHAMBRA	Delete A PLAZA, SUITE 1400 CORAL GABLE S, FL 33134 US	Title: Name: Address: City-St-Zi		SUITE 1400 CORAL GABLE	
Title: Name: Address: City-St-Zip:	ANA 121 ALHAMBRA	Delete A PLAZA, SUITE 1400 CORAL GABLE S, FL 33134 US	Title: Name: Address: City-St-Zi		SUITE 1400 CORAL GABLE	
Title: Name: Address: City-St-Zip:	JOAN 121 ALHAMBRA	Delete A PLAZA, SUITE 1400 CORAL GABLE S, FL 33134 US	Title: Name: Address: City-St-Zi		SUITE 1400 CORAL GABLE	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zi	()Change( p:	) Addition	
Title: Name: Address: City-St-Zip:	ARISMENDI, AN 121 ALHAMBRA	Delete NA T A PLAZA, SUITE 1400 S, FL 33134 US	Title: Name: Address: City-St-Zi	()Change( p:	) Addition	
Title: Name: Address: City-St-Zip:	JENSEN, JOAN 121 ALHAMBRA	Delete B A PLAZA, SUITE 1400 S, FL 33134 US	Title: Name: Address: City-St-Zi	()Change( p:	) Addition	

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.

SIGNATURE: JOAN B JENSEN S 07/15/2009