## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2008 8:00 am Secretary of State 02-25-2008 90046 015 \*\*\*150.00

Modifice Mult   State Manager   Modifice	DOCUMENT # P0700004698  1. Ensity Name HIPPIE INC.									02-23-20	JU8 <del>J</del> UU4	0 013	130.00
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City & State  Country  S.	2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Zip Country Zip Country S. Country S. Country S. Country S. Conficient of Statis Desired Statistical Fee Required  8. Name and Address of Current Registered Agent 7. Name and Address of New Register	Suite, Apt. #, etc.				5	suite, Apt. #, etc.	_		01142008	Chg-P	CR2E03	4 (12/06)	
B. Name and Address of Current Registered Agent  ALARCON-GRIMALT, MARIA 359 MIRACLE MILE CORAL GABLES, FL 33134  City City FL Zip Code  8. The above named entity submiss this satisfement for the purpose of chenging is registered office or registered agent, or both, in the State of Portids. I am lamiler with, and accept the obligations of registered agent.  SIGNATURE:  **City FL Zip Code  City FL Zip Code  **City FL Zi	City & State								20-	82590	223	<del></del>	
ALARCON-GRIMALT, MARIA 359 MIRACLE MILE CORAL GABLES, FL 33134    Coy   FL   Zip Code	Zíp	Country			Zip Coun			ilry	5. Contribute of Status Desired Fee Required				
Seek Address (P.O. Box Number is Not Acceptable)  City FL Zp Code  6. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Fords. I am lamilist with, and accept the collegations of registered agent.  SIGNATURE:  STERN NOW!! FEE IS \$150.00  After, May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11.  INL. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ONLY NAME  ALARCON GRIMALT, MARIA  STERI ADDRESS  OTH-SI-PP  CORAL GABLES, FL 33134  Others  INLE  ORAL GABLES, FL 33134  Others  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  INLE  OTH-SL-PP  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  OTHERS  OTH-SL-PP  INLE  OTH-SL-PP  OTHERS  OTH-SL-PP  OTH-		6. Name	and Addres	s of Current	Regist	ered Agent							
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE:    Potential process of the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent.    Potential process of the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligations of registered agent.    Potential process of the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligation of registered agent.    Potential process of the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligation of the purpose of the purpose of the purpose of the purpose of the obligation of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligation of the purpose of the obligation of registered agent, or both, in the State of Rorida. I am lamiliar with, and accept the obligation of the purpose of the obligation of the obligation of the purpose of the obligation of the obliga	359 MIRACLE MILE							Street Address (P.O. Box Number is Not Acceptable)					
The above named entiry submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligations of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligation of registered agent, or both, in the State of Florids. I am lamilier with, and accept the obligation of registered agent, or both, in the State of Florids. I am lamilier with, and accept the state of Florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with, and accept the florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with, and accept the florid state of Florids. I am lamilier with accept the florid accept the florid state of Florids. I am lamilier with accept the florid accept the florid state of Florids. I am lamilier with accept the florid accept the florid state of Florids. I am lamilier with accept the florid accept the florid st	CORAL GABLES, FL 33134												
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SIRE! ADDRESS CITY-S1-ZIP  INLE HAME SIRE! ADDRESS CITY-S1-ZIP  10. Change Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS CITY-S1-ZIP  11. 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:						☐ Delete		1			(	Change	Addition
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