

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90026 042 \*\*\*158.75

<b>DOCUMENT # P07000010337</b> 1. Entity Name <b>HORIZON LIEN SEARCH INC</b>					
Principal Place of Business <b>10178 W FLAGLER ST MIAMI, FL 33174</b>			Mailing Address <b>10178 W FLAGLER ST MIAMI, FL 33174</b>		
2. Principal Place of Business - No P.O. Box # <b>10178 W Flagler st</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 442678</b> Suite, Apt. #, etc.			
City & State <b>Miami FL 33174</b> Zip <b>33174</b>		City & State <b>Miami FL</b> Zip <b>33144</b>		4. FEI Number <b>59-3840779</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GOMEZ, MERCY A 14279 SW 183 TERR MIAMI, FL 33177</b>				7. Name and Address of New Registered Agent Name <b>N/A.</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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><i>Mercy Gomez</i></u> <u><i>M. Gomez</i></u> <u><i>2/4/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PEREZ, VLADIMIR</b> <b>10178 W FLAGLER ST</b> <b>MIAMI, FL 33174</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>treasurer</b> <b>Jonathan E. Aragon</b> <b>14279 SW 183 Terr</b> <b>Miami FL 33177</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GOMEZ, MERCY A</b> <b>14279 SW 183 TERR</b> <b>MIAMI, FL 33177</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: <u><i>Vladimir Perez</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b><u><i>2/4/08</i></u> <u><i>786-355-0986</i></u></b> <small>Date Daytime Phone #</small>		

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