2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035706

Entity Name: HIGHLAND BUSINESS CORP

FILED Apr 21, 2009 Secretary of State

| Entity Name: HIGHLANL | D BOSINESS CORP | | | |
|--|----------------------------------|-----------------------------------|---|--|
| Current Principal Place of Business: | | New Principal Place of | Business: | |
| 3604 NW 5TH TERRACE BOCA RATON, FL 33431 | | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| CCS 6276 P.O. BOX 025 323 MIAMI, FL 33102 US | | | | |
| FEI Number: 20-8816686 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| VINA, GEORGE F 255 ALHAMBRA CIRCLE S CORAL GABLES, FL 3313 | | | | |
| The above named entity suin the State of Florida. | ubmits this statement for the po | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | nt | Date | |
| Election Campaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES | TO OFFICERS AND DIRECTORS: | |

Title: (X) Change () Addition () Delete Title: PONCE, JOSE A PONCE, JOSE A Name: Name: 3604 NW 5TH TERRACE 3604 NW 5TH TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 334315746 City-St-Zip: BOCA RATON, FL 33431 US

Name: VINA, GEORGE F Name: VINA, GEORGE F

Address: 255 ÅLHAMBRA CIRCLE STE #715 Address: 255 ÅLHAMBRA CIRCLE STE #715 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 US

 Name:
 MONTERO, ÈLENA
 Name:
 MONTERO, ÈLENA

 Address:
 3604 NW 5TH TERRACE
 3604 NW 5TH TERRACE

 City-St-Zip:
 BOCA RATON, FL 334315746
 City-St-Zip:
 BOCA RATON, FL 33431 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.

SIGNATURE: JOSE A PONCE P 04/21/2009