## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2008 8:00 am Secretary of State DOCUMENT # P07000119235 1. Entity Name 05-01-2008 90187 006 \*\*\*150 00 H & R GENERAL TRADING, INC. Principal Place of Business Mailing Address 615 SEABREEZE BLVD 245 BAYBERRY LAKES BLVD. 60035871 DAYTONA BEACH, FL 32118 US DAYTONA BEACH, FL 32124 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For <u>26-13404</u> Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIAD, ROMANY B Street Address (P.O. Box Number is Not Acceptable) 245 BAYBERRY LAKES BLVD. DAYTONA BEACH, FL 32124 Zio Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P.T TITLE Delete TITLE ☐ Change ■ Addition NASSIF, HANY NAME NAME 108 BOYSENBERRY LN STREET ADDRESS STREET ADDRESS CITY - ST- ZIP DAYTONA BEACH, FL 32124 CITY-ST-ZIP VP.S TITLE ☐ Delete TITLE ☐ Change ■ Addition RIAD, ROMANY B NAME NAME 245 BAYBERRY LAKES BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32124 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

SIGNATURE: \_

NG OFFICER OR DIRECTOR

04/28/08 (386) 238-5253

**FILED**