
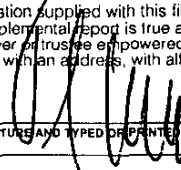


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 26 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000119922					
1. Entity Name HELLMANN CLC, INC.					
Principal Place of Business 10450 N.W. 41ST STREET DORAL, FL 33178 US			Mailing Address 10450 N.W. 41ST STREET DORAL, FL 33178 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARBOZA, HAROLD		NAME		
STREET ADDRESS	10450 N.W. 41ST STREET		STREET ADDRESS		500136385025
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP		09/26/08--01042--002 **158.75
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REFICI, DARLENE		NAME		
STREET ADDRESS	10450 N.W. 41ST STREET		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP		
TITLE	SECT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLA, MARK		NAME		
STREET ADDRESS	10450 N.W. 41ST STREET		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP		
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEIBNER, FRANK		NAME		
STREET ADDRESS	10450 N.W. 41ST STREET		STREET ADDRESS		
CITY-ST-ZIP	DORAL, FL 33178		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		FRANK SCHEIBNER		9/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

9/26/08