2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P08000020223

Entity Name: HRPS, CORP.

Current Principal Place of Business:

250 174 ST., APT. 1511
SUNNY ISLES, FL 33160

New Principal Place of Business:

3500 MYSTIC POINTE. DR.
APT. 1602
AVENTUR, FL 33180

Current Mailing Address:

250 174 ST., APT. 1511
SUNNY ISLES, FL 33160

New Mailing Address:

3500 MYSTIC POINTE. DR.
APT. 1602
AVENTUR, FL 33180

FEI Number: 26-2095488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROJAS, AMALIA
250 174 ST., APT. 1511
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

ROJAS, AMALIA
3500 MYSTIC PONTE. DR.
APT. # 1602.
AVENTURA, FL 33180 US

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.

SIGNATURE: AMALIA ROJAS 02/27/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: ROJAS, AMALIA
Address: 250 174 ST., APT. 1511
City-St-Zip: SUNNY ISLES, FL 33160

Title: VT ( ) Delete
Name: ROJAS, AMALIA
Address: 250 174 ST., APT. 1511
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: ROJAS, AMALIA
Address: 3500 MYSTIC POINTE. DR. APT.# 1602
City-St-Zip: AVENTURA, FL 33160

Title: VT (X) Change ( ) Addition
Name: ROJAS, AMALIA
Address: 3500 MYSTIC POINTE. DR. APT# 1602
City-St-Zip: AVENTURA, FL 33180

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: AMALIA ROJAS PRES 02/27/2009
Electronic Signature of Signing Officer or Director Date