

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000081517**

1. Entity Name  
H2L ENTERPRISES, INC.



Principal Place of Business  
3318 SE 6TH AVE  
FT LAUDERDALE, FL 33316

Mailing Address  
3318 SE 6TH AVE  
FT LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**



06052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0451415

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FISHMAN, JACOB  
1385 NW 15 STREET  
MIAMI, FL 33125

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
SHILLINGLAW, LISA  
2550 SW 18 TERR  
FORT LAUDERDALE, FL 33315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
SHILLINGLAW, ROBERT  
2550 SW 18 TERR  
FORT LAUDERDALE, FL 33315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000566881  
06/07/06-80002-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Lisa Shillinglaw*

LISA SHILLINGLAW

6/5/06 954-524-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #