


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90145 041 ***150.00

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		
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	4. FEI Number 65-0451415	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FISHMAN, JACOB 1385 NW 15 STREET MIAMI, FL 33125			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input type="checkbox"/> Delete SHILLINGLAW, LISA 2550 SW 18 TERR FORT LAUDERDALE, FL 33315				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete SHILLINGLAW, ROBERT 2550 SW 18 TERR FORT LAUDERDALE, FL 33315				
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3318 SE 6 AVE FT LAUDERDALE, FL 33316				
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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: <i>Lisa Shillinglaw</i> LISA SHILLINGLAW 4/2/07 954-524-6619					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0451415

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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10. OFFICERS AND DIRECTORS

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SIGNATURE: *Lisa Shillinglaw* **LISA SHILLINGLAW** **4/2/07** **954-524-6619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR