2007 FOR PROFIT CORPORATION 🗻 🚣 ANNUAL REPORT (AR)

## FILED Apr 09, 2007 08:00 A Secretary of State DOCUMENT # P94000045846 1. Entity Name HUBLOT OF AMERICA, INC. Mailing Address Principal Place of Business THE INTERNATIONAL BUILDING 2451 E SUNRISE BLVD STE 4 THE INTERNATIONAL BUILDING 2451 E SUNRISE BLVD STE 4 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0507660 Not Applicable Zip Country Zip 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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 DATE Skinglise, when or printed name of redistored agent and title c applicable (NOTE Registered Agent signature required when rematating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete HHE HHE 000000696047 DAVIS, VIOLET NAME NAME 04/17/07-80082-014 150.00 4955 S.W. 166 AVENUE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY-S1-7IP CITY - ST - 71P Addition ☐ Change ☐ Delete HILE NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete THLE TITLE NAME STRUCT ADDRESS STREET ADDRESS CITY-ST-7/P CITY-S1-ZIP Change ■ Addition ☐ Delete DILL STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST - ZIP ☐ Change Addition ☐ Defete TITLE NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST- /IP CITY-ST-ZIE ☐ Addition Delete IIILE Change THILE NAME STREET ADDRESS STRUT ADDRESS CITY-SI-ZIP CITY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this ropolt of supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an efficer 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 at SIGNATURE:

iont with an address, with all other like empowered.