2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P95000051986

Entity Name: HM PALM BEACH, INC.

Current Principal Place of Business:

MRS FIELDS COOKIES
3101 PGA BLVD., #O-201
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

MRS FIELDS COOKIES
3101 PGA BLVD., #O-201
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0603249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKES, EVELYN F CPA,P.A
420 CLEMATIS ST, FL 2
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete
Name: VAID, HAJERA
Address: 116 N. RIVER DRIVE. WEST
City-St-Zip: JUPITER, FL 33458

Title: P ( ) Delete
Name: VAID, MOHAMMED
Address: 116 N RIVER DR WEST
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: VAID, OMAR
Address: 116 N RIVER DR WEST
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: VAID, ALIA
Address: 116 N RIVER DR WEST
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HAJERA M VAID MRS 04/02/2009
Electronic Signature of Signing Officer or Director Date