2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # P95000078757 HRM PROPERTIES, INC. Principal Place of Business Mailing Address 8900 SW 117 AVENUE 8900 SW 117 AVENUE SUITE C-105 SUITE C-105 MIAMI, FL 33186 MIAMI, FL 33186 01092006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0625460 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MONTIEL, HUGO R. 8900 SW 117 AVE., C-105 MIAMI, FL 33186 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature repulsed when reinstating) UNÜOOO387418 01/19/06-80039-011 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ם TITLE NAME MONTIEL, HUGO R 8900 SW 117 AVENUE C-105 STREET ADDRESS CITY-ST-ZIP MIAMI, FL D TITLE MONTIEL, HECTOR R NAME 8900 SW 117 AVENUE C-105 STREET ADDRESS City-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED