

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90159 048 \*\*\*150.00

**DOCUMENT # P95000082837**

1. Entity Name  
H.T.J., CORP.



Principal Place of Business  
7035 BERACASA WAY  
BOCA RATON, FL 33433

Mailing Address  
9130 S DADELAND BLVD.  
1218  
MIAMI, FL 33156



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7300 N. Kendall Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

380

04102007

Chg-P

CR2E034 (12/06)

City & State

City & State

Miami, Florida

4. FEI Number

65-0623687

Applied For

Not Applicable

Zip

Country

Zip

Country

33156

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLICK, JOSEPH A  
9130 S DADELAND BLVD  
SUITE 1218  
MIAMI, FL 33156

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

7300 N. Kendall Drive, Ste 380

City

Miami

FL

Zip Code

33156

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GLICK, JOSEPH A  
STREET ADDRESS 9130 S DADELAND BLVD, STE 1218  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D ☒ Change ☐ Addition  
NAME Glick, Joseph A  
STREET ADDRESS 7300 N. Kendall Drive, Ste 380  
CITY-ST-ZIP Miami, Florida 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Joseph A Glick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

305-668-8311

Date

Daytime Phone #