


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90009 011 \*\*\*150.00

<b>DOCUMENT # P97000022700</b>	
1. Entity Name <b>HURRICANE COVE, INC.</b>	

Principal Place of Business <b>8991 NW N.RIVER DRIVE MIAMI, FL 33018</b>	Mailing Address <b>ANTONIO ALOSTA MIAMI, FL 33018</b>
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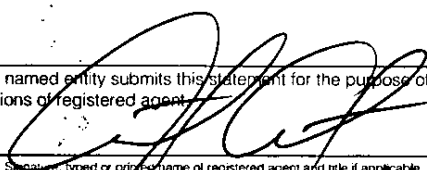
2. Principal Place of Business - No P.O. Box # <b>1884 NW. NORTH RIVER</b>	3. Mailing Address <b>Antonio Acosta</b>
Suite, Apt. #, etc. <b>DRIVE Miami FL 33125</b>	Suite, Apt. #, etc. <b>8991 N.W. 173 TERRACE</b>
City & State	City & State <b>Miami FL</b>
Zip <b>33018</b>	Country



04122007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0732385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ACOSTA, ANTONIO 5991 N.W. 173RD TERR. MIAMI, FL 33018</b>	
7. Name and Address of New Registered Agent Name <b>Antonio Acosta</b> Street Address (P.O. Box Number is Not Acceptable) <b>8991 N.W. 173 RD TERRACE</b> <b>Miami FL</b> Zip Code <b>33018</b>	

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.

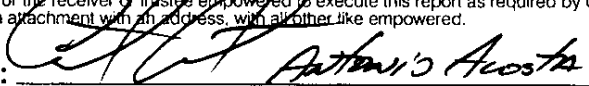
SIGNATURE:  **Antonio Acosta** DATE: **4/11/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ACOSTA, ANTONIO 8991 NW 173RD TER MIAMI, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST VINAS, ROBERTO C/O 225 ALHAMBRA CIR STE 425 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINAS, ROBERTO C/O 225 ALHAMBRA CIR STE 425 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Antonio Acosta** DATE: **4/11/07** 305 324 8003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR