

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000022700

**FILED**  
**Jul 26, 2007**  
**Secretary of State****Entity Name:** HURRICANE COVE, INC.**Current Principal Place of Business:**1884 NW N MUER  
MIAMI, FL 33125**New Principal Place of Business:**1884 NW N. RIVER DRIVE  
MIAMI, FL 33125**Current Mailing Address:**ANTONIO ALOSTA  
8991 NW 173 TERR  
MIAMI, FL 33018**New Mailing Address:**ANTONIO ACOSTA  
8991 NW 173 TERR  
MIAMI, FL 33018**FEI Number:** 65-0732385**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ACOSTA, ANTONIO  
8991 NW 173RD TERR  
MIAMI, FL 33018 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**OFFICERS AND DIRECTORS:****Title:** PSD ( ) Delete  
**Name:** ACOSTA, ANTONIO  
**Address:** 8991 NW 173RD TER  
**City-St-Zip:** MIAMI, FL 33018**Title:** VAST ( ) Delete  
**Name:** VINAS, ROBERTO  
**Address:** C/O 225 ALHAMBRA CIR STE 425  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** D ( ) Delete  
**Name:** VINAS, ROBERTO  
**Address:** C/O 225 ALHAMBRA CIR STE 425  
**City-St-Zip:** CORAL GABLES, FL 33134**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:**

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: ANTONIO ACOSTA

PSD

07/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date