

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000083975

1. Entity Name  
HILFAR, INC.



Principal Place of Business  
3911 JOG ROAD  
GREENACRES  
GREENACRES, FL 33467 US

Mailing Address  
609 6TH TERRACE  
(PALM BEACH GARDENS)  
PALM BEACH GARDENS, FL 33418-3605

2. Principal Place of Business - No P.O. Box #  
3955 JOG ROAD

3. Mailing Address  
609 6TH TERRACE

Suite, Apt. #, etc.  
Beevacres

4. City & State  
GREENACRES, FLORIDA

5. Zip  
33467

6. Country  
US

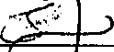
7. Zip  
33418

8. Country  
US

6. Name and Address of Current Registered Agent  
HORWITZ, HILARY  
609 6TH TERRACE - GLENWOOD  
PALM BEACH GARDENS, FL 33418-3605

7. Name and Address of New Registered Agent  
Name  
FRIEDMAN, SANDY  
Street Address (P.O. Box Number is NOT Acceptable)  
1336 13TH TERRACE  
GLENWOOD  
City  
PALM BEACH GARDENS FL  
Zip Code  
33418

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.

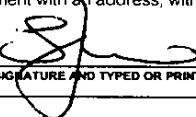
SIGNATURE   
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
1/22/08

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HORWITZ, HILARY 609 SIXTH TERRACE PALM BEACH GARDENS, FL 33418	<input checked="" 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	SVPD HORWITZ, MAUREEN 609 SIX TERRACE PALM BEACH GARDENS, FL 33418	<input checked="" 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	TPD FRIEDMAN, SANDY 1336 13TH TERR PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2008

Date

(561)649-9351

Daytime Phone #

4003000000



01182008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0792821	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name FRIEDMAN, SANDY
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Street Address (P.O. Box Number is NOT Acceptable) 1336 13TH TERRACE
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City GLENWOOD
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Zip Code FL 33418
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