

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020745

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: BOB HILSON & COMPANY NORTH, INC.

## Current Principal Place of Business:

599 W. MOWRY DRIVE  
HOMESTEAD, FL 33030

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 901543  
HOMESTEAD, FL 33090

## New Mailing Address:

FEI Number: 65-0818385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HILSON, ROBERT B  
164 BAHAMA AVE.  
KEY LARGO, FL 33037      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HILSON, ROBERT B  
Address: 599 W MOWRY DRIVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VD (X) Delete  
Name: FARINELLI, BRADLEY  
Address: 35 BONE FISH  
City-St-Zip: KEY LARGO, FL 33037

Title: STD ( ) Delete  
Name: AROSTEGUI, GONZALO  
Address: 10380 SW 201 TERR  
City-St-Zip: MIAMI, FL 33189

Title: VPD ( ) Delete  
Name: TOROK, TIBOR  
Address: 19345 SW 312 ST  
City-St-Zip: HOMESTEAD, FL 33030

## 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:

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: GONZALO AROSTEGUI

STD

02/03/2009

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

\_\_\_\_\_  
Date