2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

DOCUMENT # P99000012675 1. Entity Name HELIOCOL UPM, INC.		75		Secretary of State		
Principal Place 13620 49TH CLEARWATER	I ST. N.	Mailing Address 13620 49TH ST. N. CLEARWATER, FL 33762	·-			
DO NOT WRITE IN THIS SPAC			CE	04192005 No Chg-P CR2E034 (10/03) 4. FEI Number		
6. Name and Address of Current Registered Agent ESCHENROEDER, EDWARD E 13300 INDIAN ROCKS RD #2101 LARGO, FL 32774 8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida I am familiar with, and accept			
SIGNATURE Signature, tynorf of printed name of registured agent and bite if applicable. (NOTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D EYAL, VICTOR 927 FERN STREET STE. 200 ALTAMONTE SPRINGS, FL 32701				, nooooo	319553 30001-024 150.00
THE FLAME STREET ADDRESS CITY-ST-ZIP THE	D ESCHENRÖEDER, ROGER 13620 49TH STREET NORTH CLEARWATER, FL 33762				U4/21/U5-t	30001-024 150.00
NAME STREET ADDRESS CITY-ST-ZIP TUTLE NAME		<u></u>			NOT W	
STREET ADORESS CITY-ST-ZIP TITLE NAME		=:	- vi			
STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS		The same access to	.· · · <u>-</u>	*	·	/ -
12. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is truporation or the receiver or trustee empower, or on an attachment with an address with	s filing does not qualify for the exe e and accurate and that my signa red to execute this report as requ all other like empowered.	emption stated in Se ture shall have the ired by Chapter 60	ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes to the sife made under co es; and that my name	further certify that the information bath, that I am an officer or director a appears in Block 10 or Block 11 if

MUNICIPAL DO GER ESCHENADE DERY 18/05
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: