


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000044771 1. Entity Name HVS INTERNATIONAL SHARED OWNERSHIP SERVICES, INC.	
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Principal Place of Business 8925 SW 148TH STREET SUITE 216 MIAMI, FL 33176	Mailing Address 8925 SW 148TH STREET SUITE 216 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0929945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONROY, KATHLEEN
8925 SW 148TH STREET
SUITE 216
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS CONROY, KATHLEEN 8925 SW 148TH STREET, SUITE 216 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT RUSHMORE, STEPHEN 372 WILLIS AVENUE MINEOLA, NY 11501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/15/08-80036-008 150.00

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IN THIS SPACE**

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:  **2-1-08** **305-398-0904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #