2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCU 1. Entity Nam H.L.M. Ca				05 MB	FILED Y 16 PM 12	2: 43	·				
Principal Plac	e of Busines	s	Mailing Address	Mailing Address			3:16	LTARY OF S MASSEE, FI	ORIDA		
7360 NW 78 ST MIAMI, FL 33166			P.O. BOX 652623 MIAMI FL 33265	P.O. BOX 652623 MIAMI, FL 33265			TALL	ZHY22EE''			
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			05132005	Chg-P	CR2E	034 (10/03)	
City & State			City & State				4. FEI Numb 65-092				plied For t Applicable
Zìp		Country	Zip	Cour		5. Certificate of Status Desi				\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					Name 1	d	7. Name and	Address of New	Registered		
VILLENA, NILO E SR						ملنا	E. Vi	Ilena J	Υ.		
9601 SW 6 MIAMI, FL	65 STREE			Street Add	Street Address (P.O. Box Number is Not Acceptable)						
IVIIAIVII, FC	. 33173	•						10			
Art Ar						U.	im i		FL	Zip Code	810
The above named entity submit this statement for the purpose of changing its registered the obligations of registered again.								th, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE											
Signature, typed or printed and of the signature of the s											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS AN	D DIRECTORS	11.		·		CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME	D VILLENA.	NILO E JR	☐ Delete	TITLE NAMI		Pres	E. Viller	na. Jr.		Change	Addition
STREET ADDRESS		98 STREET			ET ADDRESS 1	1236	51 SW 1	4821			
CITY-ST-ZIP	MIAMI, FL	. 33186	Delete	TITLE	-01-211	MIA	MI, I-L	33184		☐ Change	Addition
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NAME			L Delete	NAME	I .					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental relict in 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 trusteet into wered 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: SIGNATURE AND TYPED OR SIGNING OFFICER OR DIRECTOR Date Date Date Displacement of Signing Officer or Director Date Displacement of Signing Officer or Director Significant or Significant Officer or Director Significant Officer or Signing Officer or Director Significant Officer or Director Sig											