


**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90072 007 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <i>518014</i>			
1. Entity Name <b>HMP Enterprises, Inc.</b> <b>Subway #724</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>2810 S Florida Ave</b>		3. Mailing Address <b>2810 S Florida Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Lakeland, FL</b>		City & State	
Zip <b>33803</b>	Country <b>Polk</b>	Zip	Country
4. FEI Number <b>59-3038856</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>Moosa Hojjati</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>638 Lake Clark Place</b>			
City <b>Lakeland</b> <b>FL</b> <b>33813</b>			
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 <i>Moash Hojjati</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small> DATE			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner Moosa Hojjati 638 Lake Clark Place Lakeland, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Moash Hojjati</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>3/3/05</i> (863) 686-7332 <small>Date Daytime Phone</small>	

CR2E034B (12/02)