2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # S38027 1. Entity Name H.L.R. INTERNATIONAL CONSULTANTS, INC. Principal Place of Business Mailing Address 231 ALTARA AVE 231 ALTARA AVENUE CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 US 04042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0332754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FERNANDEZ, HERMINIA DO NOT WRITE 231 ALTARA AVENUE CORAL GABLES, FL 33146 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1\$ \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RUBINFELD, HUGO L. 4001 HILLCREST DR. #715 STREET ADDRESS HOLLYWOOD, FL G(TY-ST-Z(P TITLE thing said the NAME 114/25/06-80049-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CAY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 of truetee 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 at address, with all other like empowered. changed, or on an attachm

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. DUBINFELD, PLES.

305.448-1648

Daytime Phone #