## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # S38027

1. Entity Name

H.L.R. INTERNATIONAL CONSULTANTS, INC.



US

FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

231 ALTARA AVE

CORAL GABLES, FL 33146

Mailing Address

231 ALTARA AVENUE

CORAL GABLES, FL 33146



04172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0332754

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

FERNANDEZ, HERMINIA 231 ALTARA AVENUE CORAL GABLES, FL 33146

## DO NOT WRITE IN THIS SPACE

			and the second s		
	e named entity submits this statement for the patient of registered agent.	ourpose of changing its registe	ered office or registered agent, or bo	oth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE.				Dr. c	
	Signature, typed or printed name of registered agent and little	il applicable (NOTE: Registe	ered Agent signature required when reinstating)	DATE	
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution	+-:,	000000913406 05/08/08-80014-025	150.00
10.	OFFICERS AND DIREC	CTORS			基的人的接流用
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINFELD, HUGO L. 4001 HILLCREST DR. #715 HOLLYWOOD, FL			And the state of t	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,-			THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

STREET ADDRESS CITY+ST-ZIP

H. Rubeufall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. RUBENTAD

4/17/08

305-448-1648

Daytime Phone #