


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # V34221 1. Entity Name HOODRIDGE INVESTMENTS, INC.	
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Principal Place of Business 6699 NW 66TH WAY PARKLAND, FL 33067 US	Mailing Address 6699 NW 66TH WAY PARKLAND, FL 33067 US
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DO NOT WRITE IN THIS SPACE



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0346022	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

EILEEN W. LEVIN
 6699 NW 66TH WAY
 PARKLAND, FL 33067

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000708538
 04/24/07-80041-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LEVIN, EILEEN 6699 NW 66TH WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM LEVIN, JOSEPH. 6699 NW 66TH WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, ILA B 6699 NW 66TH WAY PARKLAND, FL 33067
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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 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:  **EILEEN W. LEVIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** 4/13/07 954-340-3300
Day Daytime Phone #