## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V54360

FILED Mar 24, 2009 Secretary of State

Entity Name: HR PROFESSIONAL CONSULTANTS, INC.

urrent P	Principal Place of Business:	New Principal Place	of Business:
	EDERAL HIGHWAY		
T LAUDE	/ ERDALE, FL 33308 US		
urrent N	/lailing Address:	New Mailing Address	s:
	EDERAL HIGHWAY		
UITE 391 T LAUDE	/ ERDALE, FL 33308 US		
El Number	r: 65-0343287 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:
278 N. FI	J LOZANO EDERAL HIGHWAY 7 ERDALE, FL 33308 US		
	•		
he above	e named entity submits this statement for the e of Florida.	e purpose of changing its registered	d office or registered agent, or both,
he above	e named entity submits this statement for the e of Florida. RE:		d office or registered agent, or both,
he above the Stat	e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A		d office or registered agent, or both,  Date
he above the Stat IGNATU	e named entity submits this statement for the e of Florida. RE:		
he above the Stat IGNATU	e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A	Agent	
he above the Stat IGNATU	e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered Ampaign Financing Trust Fund Contribution ( ).	Agent	Date
he above the Stat  IGNATU  ection Ca  FFICER  tte: ame: ddress:	e named entity submits this statement for the e of Florida.  RE:  Electronic Signature of Registered A  mpaign Financing Trust Fund Contribution ( ).  S AND DIRECTORS:  PST ( ) Delete LOZANO, SANDRA J., 6278 N. FEDERAL HIGHWAY #397	Agent  ADDITIONS/CHANGE  Title:  Name:  Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA LOZANO PST 03/24/2009