


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90019 021 \*\*\*150.00

<b>DOCUMENT # J43394</b>	
1. Entity Name H. P. H. ENTERPRISES, INC.	

Principal Place of Business 1819 SHORE DR S. SUITE 103 S. PASADENA FL 33707	Mailing Address 1819 SHORE DR S. SUITE 103 S. PASADENA FL 33707
--	--



2. Principal Place of Business - No P.O. Box # <i>1819 Shore Dr S</i>	3. Mailing Address <i>same</i>
Suite, Apt. #, etc. <i># 103</i>	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <i>S. Pasadena, FL</i>	City & State	4. FEI Number <b>59-2735392</b>	Applied For <input type="checkbox"/>
Zip <i>33707-4705</i>	Country <i>Pinellas</i>	Country	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
HERNANDEZ, HAZEL P. 1819 SHORE DR S. S. PASADENA FL 33707	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS										
<table border="1"> <tr> <td>NAME</td> <td>DP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HERNANDEZ, HAZEL P.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>1819 SHORE DR S. S. PASADENA FL</td> <td></td> </tr> </table>	NAME	DP	<input type="checkbox"/> Delete	STREET ADDRESS	HERNANDEZ, HAZEL P.		CITY- ST- ZIP	1819 SHORE DR S. S. PASADENA FL		
NAME	DP	<input type="checkbox"/> Delete								
STREET ADDRESS	HERNANDEZ, HAZEL P.									
CITY- ST- ZIP	1819 SHORE DR S. S. PASADENA FL									
<table border="1"> <tr> <td>NAME</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>HERNANDEZ, KRISTOPHER H.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>818 BRADDOCK ST TAMPA FL</td> <td></td> </tr> </table>	NAME	D	<input type="checkbox"/> Delete	STREET ADDRESS	HERNANDEZ, KRISTOPHER H.		CITY- ST- ZIP	818 BRADDOCK ST TAMPA FL		
NAME	D	<input type="checkbox"/> Delete								
STREET ADDRESS	HERNANDEZ, KRISTOPHER H.									
CITY- ST- ZIP	818 BRADDOCK ST TAMPA FL									
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Delete								
STREET ADDRESS										
CITY- ST- ZIP										

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY- ST- ZIP										
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY- ST- ZIP			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS										
CITY- ST- ZIP										

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Hazel P. Hernandez* **Hazel P. Hernandez** *1-17-07* *727 348 107*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #