


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90048 015 ***150.00

DOCUMENT # F03000002883

1. Entity Name
 HYPERION REALTY HOLDINGS, INC.



Principal Place of Business
 25 MIDDLE ROAD
 PALM BEACH, FL 33480

Mailing Address
 12765 FOREST HILL BLVD., STE. 1302
 WELLINGTON, FL 33414

2. Principal Place of Business
 1500 South Ocean Blvd

3. Mailing Address

Suite, Apt., #, etc.

City & State
 Palm Beach, FL

City & State

Zip
 33480

Country
 USA

6. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III, PA
 12765 FOREST HILL BLVD., STE. 1302
 WELLINGTON, FL 33414



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
 77-0410941

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5:00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST ARMSTRONG, HARVEY L 1700 SEAPORT BLVD., 4TH FL REDWOOD CITY, CA 94063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JAMES H PO BOX 10195 - DEPT. 1 PALO ALTO, CA 94303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harvey L. Armstrong*, Harvey L. Armstrong, Secretary *2/28/04* (650) 210-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #