


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 004 ***150.00
 09-20-04- -01077- -001 **400.00

DOCUMENT # L00713
 1. Entity Name
 HUCA PROPERTIES, CORP.



Principal Place of Business: 7050 FLAGLER ST. MIAMI, FL 33144
 Mailing Address: 8500 SW 8 ST 228 MIAMI, FL 33144 US

54058048



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0143329 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M.
 780 NW LEJEUNE RD
 SUITE 400
 MIAMI, FL 33126

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 _____ (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

TITLE	PD
NAME	HERRAN, MANUEL A.
STREET ADDRESS	8460 SW 5 ST
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	CALLEJA, ANGEL
STREET ADDRESS	7560 SW 78 CT
CITY - ST - ZIP	W. MIAMI, FL
TITLE	D
NAME	URALDE, ALDO
STREET ADDRESS	1310 SW 99 AVE
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-262-6533
 Date Daytime Phone #

Attachment

57058048

HUCA PROPERTIES

8500 SW 8 St.
Suite#228
Miami, FL 33144
(305) 262-6533

June 11, 2004

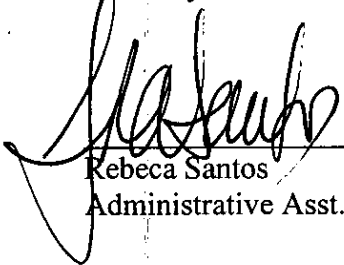
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Huca Properties
Document #L00713

To Whom It May Concern:

At this time we are requesting that the late fee be waived, for the above-mentioned property. Due to unforeseen circumstances, an accounts payable employee we recently let go did not process these documents for payment. On June 11, 2004 we discovered these reports were unpaid we called the FDOS department who instructed us to write this letter.

Sincerely



Rebeca Santos
Administrative Asst.