


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90971 010 ***150.00

DOCUMENT # P03000025126	
1. Entity Name HUSKY TRANSFER INC.	

Principal Place of Business 17200 NW 29 AV OPA LOCKA, FL 33056	Mailing Address P.O.BOX 352814 MIAMI, FL 33135
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2. Principal Place of Business	3. Mailing Address <i>17200 NW 29 Av</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Opa Locka FL</i>	4. FEI Number 13-4245005	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33056</i>	Country <i>USA-</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



04282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent PEREZ, MARIA E MRS 2536 SW 9 ST MIAMI, FL 33135		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: *Armando Pede*
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PEREZ, MARIA E MRS	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2536 SW 9 ST.	CITY-ST-ZIP MIAMI, FL 33135		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME PEREZ, FRANCISCO SR	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2536 SW 9 ST	CITY-ST-ZIP MIAMI, FL 33135		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	

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: *Armando Pede* *4/26/05* *(305)6236096*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #