

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 005 ***150.00

DOCUMENT # P03000051327		
1. Entity Name HO GUI, INC.		

Principal Place of Business 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33160	Mailing Address 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33160
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50014972



2. Principal Place of Business 3000 ISLAND BLVD Suite, Apt. #, etc. 503 City & State AVENTURA, FL Zip 33160 Country USA	3. Mailing Address 3000 ISLAND BLVD Suite, Apt. #, etc. 503 City & State AVENTURA, FL Zip 33160 Country USA
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04062006 Chg-P CR2E034 (11/05)

4. FEI Number 27-0057176	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOOKS, LEWIS EDDY 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33160	7. Name and Address of New Registered Agent Name IRENE HOOKS Street Address (P.O. Box Number is Not Acceptable) 3000 ISLAND BLVD #503 City AVENTURA FL Zip Code 33160
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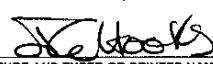
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D HOOKS, LEWIS EDDY 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKS, IRENE G 19111 COLLINS AVE., #2003 SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS IRENE HOOKS ☒ Change ☐ Addition 3000 ISLAND BLVD #503 AVENTURA, FL 33160 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-14-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #