2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90453 003 ***150.00

DOCUMENT # P03000051327

1. Entity Name
HO GUI, INC.

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

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3000 ISLAND BLVD	3000 ISLAND BLVD
Suite, Apt. #, etc. 503	Suite, Apt. #, etc. 503
City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 27-0057176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/25/07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	DPS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOOKS, IRENE		NAME	
STREET ADDRESS	3000 ISLAND BLVD #503		STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 4-26-07

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