

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90196 014 ***150.00

DOCUMENT # P04000126020
1. Entity Name
HEAVY ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1284 NW 29TH TERR	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33142	Country

4. FEI Number 57-1211495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

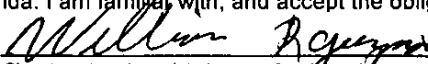
DO NOT WRITE IN THIS SPACE

4
40068537

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name GUZMAN, WILLIAM R	
Street Address (P.O. Box Number is Not Acceptable) 1284 NW 29 TR	
City MIAMI	Zip Code FL 33142

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  **WILLIAM GUZMAN** **1/31/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME P GUZMAN, WILLIAM R	TITLE NAME P GUZMAN, WILLIAM R
STREET ADDRESS 1284 NW 29 TR	STREET ADDRESS 1284 NW 29 TR
CITY-ST-ZIP MIAMI, FL 33142	CITY-ST-ZIP MIAMI, FL 33142
TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	TITLE NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **WILLIAM R GUZMAN, PRESIDENT** **1/31/2007** **(305) 244-5302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**