
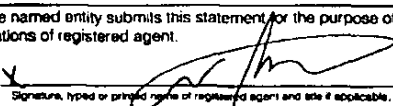
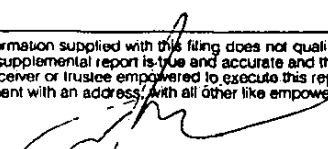


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90092 012 \*\*\*158.75

<b>DOCUMENT # P06000007821</b>			
1. Entry Name <b>HUS MANAGEMENT, INC.</b>			
Principal Place of Business <b>2700 N. STATE ROAD 7 HOLLYWOOD, FL 33021</b>		Mailing Address <b>1914 NW 137TH TERRACE PEMBROKE PINES, FL 33028</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>90-0165960</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01032007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>HUS, ELYEZER 1914 NW 137TH TERRACE PEMBROKE PINES, FL 33028</b>		7. Name and Address of New Registered Agent Name <b>Hus, Elyezer</b> Street Address (P.O. Box Number is Not Acceptable) <b>2700 N. State Rd. 7</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUS, ELYEZER 1914 NW 137TH TERRACE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2700 N. State Rd 7 Hollywood FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUS, GADI 1914 NW 137TH TERRACE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2700 N. State Rd 7 Hollywood FL 33021</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date <b>1/3/07</b> 954-927-9277	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	