## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR) FILED** Apr 02, 2007 08:00 AM DOCUMENT # P94000064486 **Secretary of State** BE HUGHES ENTERPRISES, INC. Principal Place of Business Mailing Address 480 S.E. 9TH AVE POMPANO BEACH FL 33060 480 S.E. 9TH AVE POMPANO BEACH FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0523823 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, BURTIS E Street Address (P.O. Box Number is Not Acceptable) 480 S.E. 9TH AVE POMPANO BEACH FL 33060 City Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mu TITLE ☐ Delete Change Addition HUGHES, BURTIS E NAME 480 S.E. 9TH AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CHY-SI-ZIP CITY-SI-7IP HUE ☐ Delete TITLE Change Addition NAME NAMI: U000000687012 STREET ADDRESS STREET ADORESS 04/18/07-80022-024 150.00 CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete HILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-SI-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-ZIP IIItE ☐ Delete HE Change ☐ AddItion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

Suntant Hughes BURTIS E HUGHES 3/38/07 954-J70-3368
SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Dayline Product