2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000004247

1. Entity Name
HIDALGOS SERVICES CORP.

Principal Place of Business	Mailing Address
13787 SW 66TH STREET APT D-151 MIAMI, FL 33183	13787 SW 66TH STREET APT D-151 MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

01262007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-1085877

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANAS, RAMON B
11365 NW 7TH STREET
#104
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

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

TITLE	VP
NAME	CANAS, RAINEL R
STREET ADDRESS	7365 SW 139TH CT
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	P
NAME	CANAS, RAMON B
STREET ADDRESS	13787 SW 66TH STREET - APT D-151
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/07-80068-017 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/07   786-426-5007

Date   Daytime Phone #