

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000004247



1. Entity Name
HIDALGOS SERVICES CORP.

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

Mailing Address
13787 SW 66TH STREET
APT D-151
MIAMI, FL 33183



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085877	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CANAS, RAMON B
11385 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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

DATE
06/04/08-80021-014 150.00

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	
TITLE	
NAME	
STREET ADDRESS	
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 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

5-5-08

Date Daytime Phone #