


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S72030</b> 1. Entity Name <b>H G S HOLDING CORPORATION</b>	
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Principal Place of Business <b>HERNANDO GUTIERREZ S.</b> <b>10500 S.W. 67TH AVE.</b> <b>MIAMI, FL 33156</b>	Mailing Address <b>HERNANDO GUTIERREZ S.</b> <b>10500 S.W. 67TH AVE.</b> <b>MIAMI, FL 33156</b>
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02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0303352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GUTIERREZ, MARCELA**  
**15921 SW 87 AVENUE**  
**MIAMI, FL 33157**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, V HERNANDO 10500 S.W. 67TH AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, PILAR 10500 SW 67TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ALICIA 10500 SW 67TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ANA BEATRIZ 10500 SW 67 AVE. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, MARCELA 10500 SW 67TH AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U07000229640  
 02/15/05-80004-012 150.00  
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**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Marcelo Gutierrez **2-10-05** **786-3319079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #