


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 039 ***150.00

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DOCUMENT # S72030					
1. Entity Name H G S HOLDING CORPORATION					
Principal Place of Business HERNANDO GUTIERREZ S. 10500 S.W. 67TH AVE. MIAMI, FL 33156			Mailing Address HERNANDO GUTIERREZ S. 10500 S.W. 67TH AVE. MIAMI, FL 33156		
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 65-0303352	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GUTIERREZ, MARCELA 15921 SW 87 AVENUE MIAMI, FL 33157			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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) DATE _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</p>		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	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, V HERNANDO		NAME		
STREET ADDRESS	10500 S.W. 67TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTIERREZ, PILAR		NAME		
STREET ADDRESS	10500 SW 67TH AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, ALICIA		NAME		
STREET ADDRESS	10500 SW 67TH AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, ANA BEATRIZ		NAME		
STREET ADDRESS	10500 SW 67 AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, MARCELA		NAME		
STREET ADDRESS	10500 SW 67TH AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Marcela Gutierrez V</u>		Date: <u>4-12-07</u>		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					