

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90035 039 \*\*\*150.00

**DOCUMENT # 340277**  
 1. Entity Name  
**HIDALGO-BUCH AND ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
 199 EDGEWATER DR.  
 P.O. BOX 416  
 CORAL GABLES FL 33133-6912      199 EDGEWATER DR.  
 P.O. BOX 416  
 CORAL GABLES FL 33133-6912



2. Principal Place of Business      3. Mailing Address  
*7310 SW 173 st.*      *7310 SW 173 st.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State  
*Palmetto Bay, Fla.*      *Palmetto Bay, Fla.*  
 Zip      Country      Zip      Country  
*33157*      *Miami, Dade*      *33157*      *Miami Dade*

4. FEI Number      Applied For  
**59-1230568**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HIDALGO, GEORGE**  
**199 EDGEWATER DRIVE**  
**CORAL GABLES FL 33133**

7. Name and Address of New Registered Agent  
 Name *George Hidalgo*  
 Street Address (P.O. Box Number is Not Acceptable)  
*7311 SW 173 st.*  
 City *Palmetto Bay*      FL      Zip Code *33157*

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]*      *GEORGE HIDALGO PRESIDENT*      *3-24-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	HIDALGO, GEORGE	199 EDGEWATER DR.	CORAL GABLES FL	<input checked="" type="checkbox"/>
D	HIDALGO, SARA	199 EDGEWATER DR.	CORAL GABLES FL	<input checked="" type="checkbox"/>
D	HIDALGO, SARA	199 EDGEWATER DRIVE	CORAL GABLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT	George Hidalgo	7311 SW 173 ST.	Palmetto Bay, Fla. 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER	SARA HIDALGO	7311 SW 173 ST.	Palmetto Bay, Fla. 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	SARA HIDALGO	7311 SW 173 ST.	Palmetto Bay, Fla. 33157	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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]*      **GEORGE HIDALGO**      *3-24-06*      *305-255-5228*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #