

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



DOCUMENT # F82377
1. Entity Name
HODUSA CORPORATION

Principal Place of Business: **28870 US HIGHWAY 19 NORTH SUITE 300 CLEARWATER, FL 33761 US**
Mailing Address: **2451 MCMULLEN BOOTH ROAD STE 312 CLEARWATER, FL 33759 US**

2. Principal Place of Business: _____ 3. Mailing Address: _____

Suite, Apt. #, etc.: _____ Suite, Apt. #, etc.: _____

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

FILED
05 SEP 22 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. Roberts SEP 23 2005



09212005 Chg-P CR2E034 (10/03)

4. FEI Number: **59-2207584** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDROS CORPORATION 2451 MCMULLEN BOOTH STE 312 CLEARWATER, FL 33759	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 re-appointing) DATE: _____

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	NAME: FARANTATOS, G.N. <input type="checkbox"/> Delete	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	600059958026 09/26/05--01058--011 **61.25
STREET ADDRESS: 28870 US 19 N. #300	CITY-ST-ZIP: CLEARWATER, FL	NAME: _____	STREET ADDRESS: _____
STREET ADDRESS: 28870 US 19 NO. 300	CITY-ST-ZIP: CLEARWATER, FL	NAME: _____	STREET ADDRESS: _____
VASILIOU, GEORGE <input checked="" type="checkbox"/> Delete	2451 MCMULLEN SOUTH, STE. 200	NAME: _____	STREET ADDRESS: _____
CLEARWATER, FL		NAME: _____	STREET ADDRESS: _____
		NAME: _____	STREET ADDRESS: _____
		NAME: _____	STREET ADDRESS: _____
		NAME: _____	STREET ADDRESS: _____

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: Carlos A. Aponte ST Date: Sept 21, 2005 (727) 7990111