2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G43338

1. Entity Name
HILLUSA CORPORATION



FILED
Jan 18, 2007 08:00 AM
Secretary of State

Fee Required

12,2007

Date

Daytime Phone #

Principal Place of Business

7215 NW 46 ST MIAMI, FL 33166-6422 Mailing Address

7215 NW 46 ST MIAMI, FL 33166-6422



DO NOT WRITE IN THIS SPACE

01052007	No Chg-P	CR2E034 (11/05)			
4. FEI Number			Applied For		
59-2306773			Not Applicable		
5. Certificate of	Status Desired	\$8.75 Additional			

6. Name and Address of Current Registered Agent

ACKERMAN, ERNESTO 7215 NW 46 ST MIAMI, FL 33166

SIGNATURE:

DO NOT WRITE IN THIS SPACE

		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 Signeture, typed or printed name of registered agent and little if appropriate (NOTE: Registered Agent aignature required when reinstating) DATE								
FILE MUNWIN FEE IS \$150.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000590699 01/18/07-80064-023 150.80			
10.	OFFICERS AND DIREC	TORS						
NAME STREET ADDRESS CITY-ST-ZIP	P ACKERMAN, ERNESTO 7215 NW 46TH ST. MIAMI, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACKERMAN, GISELA 7215 NW 46 STR MIAMI, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SI-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.								

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR