


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # L35023 1. Entity Name, HDR INTERNATIONAL CORPORATION	
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Principal Place of Business 10455 NW 29TH TERRACE MIAMI, FL 33172 US	Mailing Address 10455 NW 29TH TERRACE MIAMI, FL 33172 US
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04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0259050	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

**GONZALEZ-QUEVEDO, CARMEN R
7321 MILLER DRIV
MIAMI, FL 33155**

**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 _____ (NOTE: Registered Agent signature required when remitting)
Signature: typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GONZALEZ-QUEVEDO, CARMEN 7321 SW MILLER DRIVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, QUEVEDO S H 7321 SW MILLER DRIVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ-QUEVEDO, JR H 269 NW 125TH AVENUE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80161-025 150.00

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IN THIS SPACE**

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: *Carmen Gonzalez-Quevedo* *Secy/President* *4/10/07* *305-599-3887*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CARMEN GONZALEZ-QUEVEDO