

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006753

FILED
Apr 30, 2005
Secretary of State

Entity Name: HUEYAS, INC.

Current Principal Place of Business:

PO BOX 268153
WESTON, FL 33326

New Principal Place of Business:

1290 WESTON ROAD
306
WESTON, FL 33326

Current Mailing Address:

PO BOX 268153
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-1363665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS
1290 WESTON RD., SUITE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTANER, LENY
Address: 220 LAKEVIEW DRIVE., APT 109
City-St-Zip: WESTON, FL 33326

Title: VP (X) Delete
Name: MONTANER, REBECA
Address: 220 LAKEVIEW DRIVE., APT 109
City-St-Zip: WESTON, FL 33326

Title: S (X) Delete
Name: DUQUE, NOHORA
Address: 220 LAKEVIEW DRIVE., APT 109
City-St-Zip: WESTON, FL 33326

Title: T (X) Delete
Name: PARRA, ALBERTO
Address: 220 LAKEVIEW DRIVE., APT 109
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTANER, LENY
Address: 220 LAKEVIEW DRIVE, APT 109
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENY MONTANER

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date