

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006873

FILED
Jun 06, 2009
Secretary of State

Entity Name: HUGGLE, INC.

Current Principal Place of Business:

145 N.W. 206TH TERRACE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

145 N.W. 206TH TERRACE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 31-1633680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARBARY, TONIA
145 N.W. 206TH TERRACE
MIAMI, FL 33169 US

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: VP () Delete
Name: BARBARY, IRVING
Address: 145 N.W. 206TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: FRANCE, JUANITA
Address: 6070 N.W. 194 TERR
City-St-Zip: HIALEAH, FL 33015

Title: S () Delete
Name: WINGRIGHT, JUANITA
Address: 145 NW 206 TERR
City-St-Zip: MIAMI, FL 33169

Title: M () Delete
Name: HARRIS, RAPHEL
Address: 145 N W 206 TERR
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: TAYLOR, GEORGE
Address: 2500 WEST NORTH AVENUE
City-St-Zip: BALTIMORE, MA 212216 36

Title: P () Delete
Name: BARBARY, TONIA
Address: 145 N W 206 TERR
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated 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 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: TONIA BARBARY

PRES

06/06/2009

Electronic Signature of Signing Officer or Director

Date