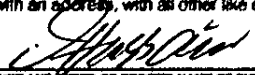


FILED
Mar 10, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P0000054209		
1. Entity Name HUDSON UNITED BUSINESSES, INC.		
Principal Place of Business 18505 PAULSON DRIVE PORT CHARLOTTE, FL 33954		Mailing Address 3445 HIGHLANDS RD PUNTA GORDA, FL 33983
DO NOT WRITE IN THIS SPACE		
		03052008 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1022586		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent QURESHI, IBRAR H 3445 HIGHLANDS RD PUNTA GORDA, FL 33983		DO NOT WRITE IN THIS SPACE
8. This 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 reappointing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing, Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000852610 03/26/08-80036-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QURESHI, IBRAR H 3445 HIGHLANDS RD PUNTA GORDA, FL 33983	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-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.		
SIGNATURE: 		3/7/08 (941) 421-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #