


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000084748 1. Entity Name HUSTON'S AMERICA, INC.	
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02012007 No Chg-P CR2E034 (11/05)

Principal Place of Business 3285 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 5322 GARRETT LANE WEST PALM BEACH, FL 33417
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1039134	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 COHEN, SHELDON 5322 GARRETT LANE WEST PALM BEACH, FL 33417

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SHELDON 5322 GARRETT LANE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ERIC 5322 GARRETT LANE WEST PALM BEACH, FL 33417
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04/11/07-80069-025 150.00

**DO NOT WRITE
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 _____

Sheldon Cohen Sheldon Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07
Date

561 9650722
Daytime Phone #