

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90106 020 ***150.00



DOCUMENT # P03000028679

1. Entity Name

DEL RIO HUERE INTERNATIONAL CORP

Principal Place of Business

15241 SW 80 STREET
 SUITE 210
 MIAMI FL 33193

Mailing Address

15241 SW 80 STREET
 SUITE 210
 MIAMI FL 33193-D



2. Principal Place of Business

25450 SW 137 ave

3. Mailing Address

25450 SW 137 ave

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.
107

Suite, Apt. #, etc.
107

City & State

Homestead Florida

City & State

Homestead Florida

4. FEI Number

61-1444471

Applied For

Not Applicable

Zip

33032

Country

USA

Zip

33032

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL RIO, FLOR
 15241 SW 80 STREET
 SUITE 210
 MIAMI FL 33193

7. Name and Address of New Registered Agent

Name DELRIO Flor

Street Address (P.O. Box Number is Not Acceptable)

25450 S.W. 137 ave Apt 107

City

Homestead

FL

Zip Code

33032

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEL RIO, FLOR	
STREET ADDRESS	15241 SW 80 STREET SUITE 210	
CITY-ST-ZIP	MIAMI FL 33193	

TITLE	P	<input type="checkbox"/> Delete
NAME	DEL RIO, FLOR	
STREET ADDRESS	25450 SW 137 ave Apt 107	
CITY-ST-ZIP	Homestead, Florida 33032	

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Flor del Rio

04-20-05