

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90010 036 ***150.00

DOCUMENT # **P03000039713**

1. Entity Name

HPU Production, Inc.



Principal Place of Business

Mailing Address

2. Principal Place of Business

2655 Collins Ave

Suite, Apt. #, etc.

1202

3. Mailing Address

Same as Principal

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33140

Country

USA

Zip

Country

05182004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1182609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Horacio M. Perez-Usidos

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

2655 Collins Ave # 1202

City

Miami Beach

FL

Zip Code

33140

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.

Horacio M. Perez-Usidos

(NOTE: Registered Agent signature required when reinstating)

9/7/04

DATE

FILE NOW! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **Perez-Usidos, Horacio M.**
STREET ADDRESS **2655 Collins Ave #1202**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☒ Delete
NAME **PEREZ-Usidos Gonzalo H.**
STREET ADDRESS **2655 Collins Ave #1202**
CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Horacio M. Perez-Usidos

Date

Office Phone #

9/7/04 (305) 538-4787