

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90237 010 \*\*\*150.00

DOCUMENT # P03000130277

1. Entity Name  
HUYANGO, INC.



Principal Place of Business  
610 SW 19 ST  
FORT LAUDERDALE, FL 33315

Mailing Address  
610 SW 19 ST  
FORT LAUDERDALE, FL 33315

20043017



2. Principal Place of Business  
1506 SE 14th St  
Suite Apt. #, etc.

3. Mailing Address  
1506 SE 14th St  
Suite Apt. #, etc.

04252006 Chg-P CR2E034 (11/05)

City & State  
Ft Lauderdale, Fl.  
Zip 33316 Country

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Ft Lauderdale, Fl.  
Zip 33316 Country

4. FEI Number  
76-0745778  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SERFATY, CHARLES S  
4340 SHERIDAN STREET  
SECOND FLOOR  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

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

1506 SE 14th St

City

Ft Lauderdale

FL

Zip Code

33316

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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME MEYJONADE, OLIVIER ☐ Delete  
STREET ADDRESS 610 SW 19 ST  
CITY-ST-ZIP FORT LAUDERDALE, FL 33315

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 1506 SE 14th St ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Ft Lauderdale, Fl. 33316  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/2006

Date

Daytime Phone #