2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000155653

1. Entity Name
SWEET HUES INC.

Principal Place of Business	Mailing Address
9305 NE 9TH AVE	9305 NE 9TH AVE
MIAMI SHORES, FL 33138 US	MIAMI SHORES, FL 33138 US

DO NOT WRITE IN THIS SPACE

FILED
Mar 08, 2007 08:00 AM
Secretary of State

03052007   No Chg-P   CR2E034 (11/05)

4. FEI Number
20-0584814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWEET, NELAN
2000 TOWER SIDE ROAD
APT 507
MIAMI SHORES, FL 33138

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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	P
NAME	MOSS, ELLEN S
STREET ADDRESS	9305 NE 9TH AVE
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	VP
NAME	HUGHES, STAN A
STREET ADDRESS	9305 NE 9TH AVE
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/07-80014-017 150.00

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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: _____ STAN A. HUGHES 3/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #