

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152266

FILED
Apr 19, 2005
Secretary of State

Entity Name: HADES ENTERPRISES CORP.

Current Principal Place of Business:

3051 SW 3 AVE
11
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3051 SW 3 AVE
11
MIAMI, FL 33129

New Mailing Address:

FEI Number: 20-2053208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICON, OSCAR
3051 SW 3 AVE
11
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICON, OSCAR H
Address: 3051 SW 3 AVE # 11
City-St-Zip: MIAMI, FL 33129

Title: VP () Delete
Name: DE LA RIVA AGUERO, FIORELLA
Address: 3051 SW 3 AVE #11
City-St-Zip: MIAMI, FL 33129

Title: T () Delete
Name: PICON, MARIA DEL C.
Address: 3051 SW 3 AVE # 11
City-St-Zip: MIAMI, FL 33129 US

Title: S () Delete
Name: SANTIAGO, AUGUSTO F
Address: 25 SE 2ND AVE., SUITE 1242
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR PICON

P

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date