

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 019 ***150.00

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1. Entity Name
HADES ENTERPRISES CORP.



Principal Place of Business
**3051 SW 3 AVE
11
MIAMI, FL 33129**

Mailing Address
**3051 SW 3 AVE
11
MIAMI, FL 33129**

40094632



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2053208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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	PD
NAME	PICON, OSCAR H
STREET ADDRESS	3051 SW 3 AVE # 11
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VP
NAME	DE LA RIVA AGUERO, FIORELLA
STREET ADDRESS	3051 SW 3 AVE #11
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	T
NAME	PICON, MARIA DEL C.
STREET ADDRESS	3051 SW 3 AVE # 11
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	S
NAME	SANTIAGO, AUGUSTO F
STREET ADDRESS	25 SE 2ND AVE., SUITE 1242
CITY-ST-ZIP	MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Date

Daytime Phone #

4/28/06