


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90073 029 \*\*\*158.75

<b>DOCUMENT # P04000171814</b>			
1. Entity Name <b>HUGO CLEANING SERVICE, INC.</b>			
Principal Place of Business <b>901 SW 27TH AVE SUITE 901 MIAMI, FL 33135</b>		Mailing Address <b>901 SW 27TH AVE SUITE 901 MIAMI, FL 33135</b>	
2. Principal Place of Business <b>6780 N.W. 37 AVE</b>		3. Mailing Address <b>6780 N.W. 37 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33147</b>	Country <b>U.S.</b>	Zip <b>33147</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent <b>DIAZ, PETER 901 SW 27TH AVE SUITE 901 MIAMI, FL 33135</b>		7. Name and Address of New Registered Agent Name <b>DIAZ, PETER</b> Street Address (P.O. Box Number is Not Acceptable) <b>6780 N.W. 37<sup>th</sup> AVE</b> City <b>MIAMI</b> FL <b>33147</b>	
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 <u><i>Peter Diaz</i></u> <b>SECRETARY</b> DATE <b>FEBRUARY 04, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DIAZ, PETER 901 SW 27TH AVE SUITE 901 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIAZ, PETER 6780 N.W. 37 <sup>th</sup> AVE. MIAMI, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEL POZO, DULCE 11525 N.W. 92 AVE. HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Peter Diaz</i></u> <b>PETER DIAZ</b>		02-04-05 305-691-5596	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

**50015121**



01312005 Chg-P CR2E034 (10/03)

4. FEI Number **20-2248080** Applied For ☐ Not Applicable ☐

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