

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


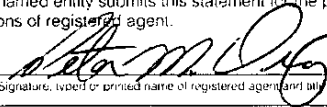
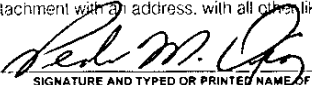
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07 OCT 17 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000171814					
1. Entity Name HUGO CLEANING SERVICE, INC.					
Principal Place of Business 6780 NW 37 AVE MIAMI, FL 33147			Mailing Address 6780 NW 37 AVE MIAMI, FL 33147		
2. Principal Place of Business - No P.O. Box # 6900 N.W. 37 AVE		3. Mailing Address 6900 N.W. 37 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 20-2248080	
Zip 33147		Country MIAMI-DADE		Applied For Not Applicable	
Zip 33147		Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, PETER 6780 NW 37TH AVE MIAMI, FL 33147			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  PETER M. DIAZ 09-25-07 <small>Signature, typed or printed name of registered agent and agent, if applicable (NOTE: Registered Agent signature required when remaining) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	DST DIAZ, PETER 6780 NW 37TH AVE MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S.T DIAZ, PETER SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEL POZO, DULCE 11525 NW 92 AVE HIALEAH GARDENS, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DEL POZO, DULCE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLOWAY, CARMELA VP 8635 N.W. 8TH STREET MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. HOLLOWAY, CARMELA SAME	<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	700110864137 10/16/07-01056-019 **70.00	<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 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: 			09-25-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		