2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 30, 2006 8:00 am Secretary of State 05-30-2006 90036 021 ***158.75 DOCUMENT # P05000051460 1. Entity Name HUDSON MARKETS INC. Principal Place of Business 40094430 Mailing Address 27515 KIRKWOOD CIRCLE 27515 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543 US WESLEY CHAPEL, FL 33543 US 2. Principal Place of Business Mailing Address 27750 COWDREY STREET 27750 COWDREY STREET Suite, Apt. #, etc. 206 Suita, Apt. #, etc. 206 03042006 Chg-P CR2E034 (11/05) 4. FEI Numbe Applied For City & State City & State 20-268051000 WESLEY CHAPEL Not Applicable FI WESLEY CHAPEI ^{Zip} 33543 Country USA \$8.75 Additional 5. Certificate of Status Desired XX 33543 **USA** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD DIAZ DIAZ, RICHARD Street Address (P.O. Box Number is Not Acceptable) 27515 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543 APT # 206 Zip Code 33543 City WESLEY CHAPEL 8. The above named epin submits this prategrant to 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) t and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550:00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition Change TITLE TITLE ☐ Delete DIAZ, RICHARD 27750 COWDREY STREET APT# 206 DIAZ, RICHARD NAME NAME STREET ADDRESS 27515 KIRKWOOD CIRCLE STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP SEC XX Change ☐ Addition TITLE ☐ Delete ORJUELA, LIZA M 27750 COWDREY STREET ORJUELA, LIZA M NAME NAME STREET ADDRESS 27515 KIRKWOOD CIRCLE STREET ADDRESS CITY+ST-ZIP WESLEY CHAPEL, FL 33543 CITY-ST-ZIP WESLEY CHAPEL, FL 33543 Addition ☐ Change TITLE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 prustee employeed 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**

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #