


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90088 024 \*\*\*150.00

**DOCUMENT # P05000051460**  
1. Entity Name  
HUDSON MARKETS INC.



Principal Place of Business  
22750 COWDREY STREET 206  
WESLEY CHAPEL, FL 33543 US

Mailing Address  
22750 COWDREY STREET 206  
WESLEY CHAPEL, FL 33543 US

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2680510

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
DIAZ, RICHARD  
27750 COWDREY STREET APT 206  
ZEPHYRHILLS, FL 33543

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

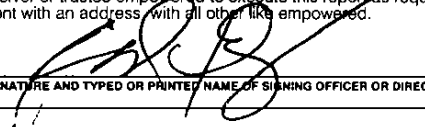
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, RICHARD 27750 COWDREY STREET APT 206 ZEPHYRHILLS, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ORJELA, LIZA M 27750 COWDREY STREET ZEPHYRHILLS, FL 33543
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_  
Date: 1/28/07 Daytime Phone #: 917 304 6000