2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000114575

1. Entity Name

HG INTERNATIONAL ENTERPRISES, CORP.



FILED
May 19, 2008 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

155 SW 25 ROAD MIAMI, FL 33129

SIGNATURE.

155 SW 25 ROAD MIAMI, FL 33129



05132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3362707

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

TORRIENTE, COSME DE LA ESQ. 155 SW 25TH RD. MIAMI, FL 33129

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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.

06/04/08-80042-025 1S0.00

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, SORAYA W. 155 SW 25 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, MAGDA BETULIA 155 SW 25 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOMEZ, FERNANDO JOSE 155 SW 25 ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

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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 gither like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

305 857 343K

Daytime Phone #