

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90826 048 ***150.00

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|--|---|--|--|--|---|
| DOCUMENT # P05000146943 1. Entity Name HONDU FRAMING, INC. | | | | | |
| Principal Place of Business 5420 WEST 26 AVE HIALEAH, FL 33016 | | | Mailing Address 5420 WEST 26 AVE HIALEAH, FL 33016 | | |
| 2. Principal Place of Business - No P.O. Box # 15032 Deer Meadow Dr <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 15032 Deer Meadow Dr <small>Suite, Apt. #, etc.</small> | | | |
| City & State Lutz, FL | | City & State Lutz, FL | | 4. FEI Number 20-3736805 | |
| Zip 33559 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIAZ, HILDA 5420 WEST 26 AVE HIALEAH, FL 33016 | | | | 7. Name and Address of New Registered Agent Name Diaz, Hilda Street Address (P.O. Box Number is Not Acceptable) 15032 Deer Meadow Dr City Lutz FL Zip Code 33559 | |
| 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: <i>Hilda Diaz</i> Hilda Diaz, Pres 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 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 | PD DIAZ, HILDA 5420 WEST 26 AVE HIALEAH, FL 33016 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Diaz, Hilda 15032 Deer Meadow Dr Lutz, FL 33559 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PEREZ, ROLANDO 5420 WEST 26 AVE. HIALEAH, FL 33016 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Perez, Rolando 15032 Deer Meadow Dr Lutz, FL 33559 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DIAZ, HERMELINDO 5420 WEST 26 AVE. HIALEAH, FL 33016 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Diaz, Hermelindo 15032 Deer Meadow Dr Lutz, FL 33559 |
| | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <i>Hilda Diaz</i> Hilda Diaz Pres 4/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |