2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000007821

Entity Name: HUS MANAGEMENT, INC.

FILED Apr 10, 2008 Secretary of State

Junioner	Principal Place o	or Business:	New Principal Place	OT BUSINESS:	
	TATE ROAD 7 OOD, FL 33021				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1914 NW 137TH TERRACE PEMBROKE PINES, FL 33028		2700 N. STATE ROAD 7 HOLLYWOOD, FL 33024			
FEI Number	r: 90-0165960	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address of	of New Registered Agent:	
HOLLYW	FATE RD 7 OOD, FL 33021	US			
	e named entity su e of Florida.	ibmits this statement for the	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	Signature of Registered Ag	ent	 Date	
Election Ca		Signature of Registered Ag	ent	Date	
		Trust Fund Contribution ().		Date ES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address:	mpaign Financing	Trust Fund Contribution (). ORS: Delete			
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	mpaign Financing S AND DIRECT D () E HUS, ELYEZER 2700 N STATE R HOLLYWOOD, F	Trust Fund Contribution (). ORS: Delete D 7 L 33021 Delete	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTOR	
	D () E HUS, ELYEZER 2700 N STATE RI HOLLYWOOD, F D () E HUS, GADI 2700 N STATE RI HOLLYWOOD, F	Trust Fund Contribution (). ORS: Delete D 7 L 33021 Delete D 7 L 33021	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTOR () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	D () E HUS, ELYEZER 2700 N STATE R HOLLYWOOD, F D () E HUS, GADI 2700 N STATE R HOLLYWOOD, F D () E HUS, GADI 2700 N STATE R HOLLYWOOD, F	Trust Fund Contribution (). ORS: Delete D 7 L 33021 Delete D 7 L 33021 Delete D 7 L 33021	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	ES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELYEZER HUS D 04/10/2008