

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

04-27-2007 90178 021 \*\*\*158.75

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**FILED**

07 MAY 16 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000142866**

1. Entity Name  
HURRICANE SOLUTIONS R&D, INC.



Principal Place of Business  
7730 SW 137TH COURT  
MIAMI, FL 33183

Mailing Address  
7730 SW 137TH COURT  
MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



02172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**11-3806309**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent  
Name  
**Denset Serralta**  
Street Address (P.O. Box Number is Not Acceptable)  
**7730 S.W. 137 CT.**  
City **Miami** FL Zip Code **33183**

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 *Denset Serralta* **PRESIDENT** DATE **4-20-07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SERRALTA, DENSET</b> <b>7730 SW 137TH COURT</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, ROGERIO</b> <b>7730 SW 137TH COURT</b> <b>MIAMI, FL 33183</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.

SIGNATURE: *Denset Serralta* **4/20/07 (305)323-8282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DENSET J. SERRALTA, PRESIDENT**