
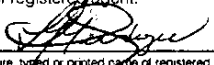
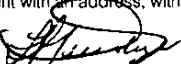


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90017 023 ***150.00

DOCUMENT # P06000150940 1. Entity Name HUALA CONSTRUCTION, INC.					
Principal Place of Business 10734 SANDY RIDGE AVENUE CLERMONT, FL 34714			Mailing Address 10734 SANDY RIDGE AVENUE CLERMONT, FL 34714		
2. Principal Place of Business - No P.O. Box # 1012 Park Central Cir Suite, Apt. #, etc.		3. Mailing Address 1012 Park Central Cir Suite, Apt. #, etc.			
City & State Groveland FL 34736 Zip 34736 Country		City & State Groveland FL 34736 Zip 34736 Country		4. FEI Number 75-3229375	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MENDOZA, JACOBA 10734 SANDY RIDGE AVENUE CLERMONT, FL 34714			7. Name and Address of New Registered Agent Name Mendoza, Jacoba Street Address (P.O. Box Number is Not Acceptable) 2283 Palma Ct City Kissimmee FL Zip Code 34746		
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  JACOBA A. MENDOZA President 02-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 MENDOZA, JACOBA 10734 SANDY RIDGE AVENUE CLERMONT, FL 34714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, PABLO 10734 SANDY RIDGE AVENUE CLERMONT, FL 34714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Mendoza, Jacoba 2283 Palma Ct Kissimmee FL 43746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Rodriguez, Pablo 1012 Park Central Cir Groveland FL 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Mendoza, Jacoba 2283 Palma Ct Kissimmee FL 43746	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Rodriguez, Pablo 1012 Park Central Cir Groveland FL 34736	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Mendoza, Jacoba 2283 Palma Ct Kissimmee FL 43746	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Rodriguez, Pablo 1012 Park Central Cir Groveland FL 34736	<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: 		02-13-08		352 308 2547	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	