

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90016 038 ***150.00

DOCUMENT # P07000019967 1. Entity Name HOYOS BOOKKEEPING SVCES INC					
Principal Place of Business 7360 CORAL WAY STE 21 MIAMI, FL 33155			Mailing Address 7360 CORAL WAY STE 21 MIAMI, FL 33155		
2. Principal Place of Business - No P.O. Box # 275 NE 18 STREET		3. Mailing Address Suite, Apt. #, etc. APT # 704			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-8474959	
Zip 33132		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOYOS, LIGIA 7360 CORAL WAY STE 21 MIAMI, FL 33155				7. Name and Address of New Registered Agent Name HOYOS, LIGIA Street Address (P.O. Box Number is Not Acceptable) 275 NE 18 STREET City MIAMI FL Zip Code 33132	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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	PVSD HOYOS, LIGIA 7360 CORAL WAY STE 21 MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD HOYOS, LIGIA 275 NE 18 STREET APT# 704 MIAMI, FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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: <u>Ligia Hoyos By R.C.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/22/08</u> <u>(305) 267-1092</u> <small>Date Daytime Phone #</small>		