

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-07-2008 90043 041 ***150.00

DOCUMENT # P07000026248 1. Entity Name HUERTA CORRECT SIGNS, CORP.			
Principal Place of Business 430 S.W. 133 AVE MIAMI, FL 33184		Mailing Address 430 S.W. 133 AVE MIAMI, FL 33184	
2. Principal Place of Business - No P.O. Box # 430 SW 133 AVE MIAMI, FL 33184		3. Mailing Address 430 SW 133 AVE Suite, Apt. #, etc. MIAMI, FL 33184	
City & State L		City & State MIAMI, FL 33184	
Country L		Country FL	
4. Name and Address of Current Registered Agent HUERTA, JOSE' R 430 S.W. 133 AVE MIAMI, FL 33184		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
6. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		8. 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 P NAME HUERTA, JOSE' R STREET ADDRESS 430 S.W. 133 AVE CITY-ST-ZIP MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE V NAME HUERTA, MARGARITA R STREET ADDRESS 430 S.W. 133 AVE CITY-ST-ZIP MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE T NAME HUERTA, JOSEPHNE STREET ADDRESS 147 THORNILEY ST CITY-ST-ZIP NEW BRITAIN, CT 06051	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE S NAME HUERTA, DORIS STREET ADDRESS 133 AVE 430 SW CITY-ST-ZIP MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	☐ Change ☐ 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: <u>Jose Huerta</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/3/08</u> Date	

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04032008 Chg-P CR2E034 (12/08)

SEI Number **61-156-0415** Applied For Not Applicable

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