

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE
FILED

11 JUN -6 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000031562

1. Entity Name



Hue llas Import Export

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

6348 SW 23ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

CR2E034B (1/11)

City & State

MIRAMAR

City & State

MIRAMAR

4. FEI Number

Applied For

Not Applicable

Zip

33023

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LUIS MINIER

Street Address (P.O. Box Number is Not Acceptable)

6348 SW 23ST

City

MIRAMAR

FL

Zip Code

33023

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

Luis Minier

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

5/20/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

E-mail Address:

lminier53@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME

LUIS MINIER

STREET ADDRESS
CITY-ST-ZIP

6348 SW 23ST MIRAMAR
FL 33023

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

A6/6

100207201801
05/04/11--01011--015--**150.00

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.055 F.S.

SIGNATURE:

Luis Minier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/20/11

Daytime Phone #