
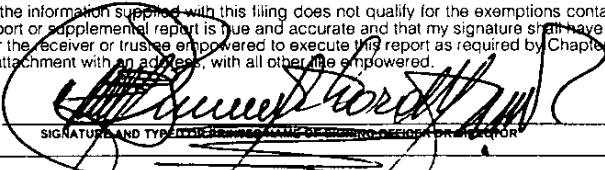


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90001 045 ***150.00

DOCUMENT # P97000014014 1. Entity Name HIDRAULIC & FLOWS, CORPORATION					
Principal Place of Business 13745 SW 157TH ST. MIAMI, FL 33177			Mailing Address 13745 SW 157TH ST. MIAMI, FL 33177		
2. Principal Place of Business - No P.O. Box # 816 NW 11 ST		3. Mailing Address 816 NW 11 ST		<div style="font-size: 24px; font-weight: bold;">40131600</div> 	
Suite, Apt. #, etc. 702		Suite, Apt. #, etc. 702			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33136		Country DADE		4. FEI Number 65-0728033	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURKHARDT, OTTO F 816 NW 11 ST SUITE 702 MIAMI, FL 33136				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BURKHARDT, OTTO F 816 NW 11 ST SUITE 702 MIAMI, FL 33136	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BURKHARDT, OTTO FEDERCO M 816 NW 11 ST SUITE 702 MIAMI, FL 33136	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 the empowered.					
SIGNATURE: 		Date: 08/09/07 Daytime Phone #: 786-376-8791			