

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047049

Entity Name: ENVIOS HIDALGO, INC.

FILED  
Feb 06, 2007  
Secretary of State

## Current Principal Place of Business:

209 S. MYRTLE AVE  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

## Current Mailing Address:

209 S. MYRTLE AVE  
CLEARWATER, FL 33756 US

## New Mailing Address:

FEI Number: 59-3452768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CRAIG, ROBERT J  
209 S. MYRTLE AVE  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

JOHNSON, MA. VICTORIA  
209 S. MYRTLE AVE  
CLEARWATER, FL 33756 US

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.

SIGNATURE: MA. VICTORIA JOHNSON

02/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: CRAIG, ROBERT J  
Address: 209 S. MYRTLE AVE  
City-St-Zip: CLEARWATER, FL 33756 US

Title: P ( ) Delete  
Name: JOHNSON, MA. VICTORIA  
Address: 3516 S. OUTERBELT RD  
City-St-Zip: OAK GROVE, MO 64079

Title: V ( ) Delete  
Name: JOHNSON, JOHN W  
Address: 3516 S. OUTERBELT RD  
City-St-Zip: OAK GROVE, MO 64079

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MA. VICTORIA JOHNSON

PRES

02/06/2007

Electronic Signature of Signing Officer or Director

Date