2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2006 08:00 AM Secretary of State

| ANNUAL REPORT | Secretary of State |
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| DOCUMENT # P98000071513 1. Entity Name HIDALGO SERVICIOS HISPANOS INC. | Secretary of State |
| Principal Place of Business Mailing Address 3805 PALM BEACH BLVD P.O. BOX 50341 #7 FT MYERS, FL 33916 | I INTERNET INTERIOR SEAR SEAR BEING BANK BANK SEER SEER AND SEER SEER SEER SEER SEER SEER SEER SEE |
| DO NOT WRITE IN THIS SPA | CE 01262006 No Chg-P CR2E034 (11/05) 4. FEI Number Apphed For 65-0860205 Not Applicab 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent HIDALGO, YASKARA 903 ALCALA AVE LEHIGH ACRES, FL 33936 | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Signal of Fortic printed name of registered agent and offer it applicable (NOTE Registere) | red office or registered agent, or both, in the State of Florida. I am familiar with, and accept of 1/26/06. Indeed signature required when reinstatings |
| FILE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 S. Election Campaign Fina Trust Fund Contribution. | Added to Fees |
| TITLE NAME HIDALGO, YASKARA STREET ADDRESS CITY-S1-ZIP LEHIGH ACRES, FL 33936 TITLE NAME STREET ADDRESS CITY-S1-ZIP | 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 path; that I am an officer or director of the corporation or the receiver or triggles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or or an attachment with a distribution of the information of the receiver or triggles ampowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D1/26/06 139-690-1353