## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # P9900004645  1. Entity Name HUGO MAR IMPORT EXPORT CORP.								Se	ecreta	ary o	f State	
Principal Place	e of Business			Mailing Addres	·s	· · ·	7					
3301 S.W. 139TH AVE. MIAMI, FL 33175			· · · · · · · · · · · · · · · · · · ·	3301 S.W. 139TH AVE. MIAMI, FL 33175				atia iatii patii kalii kat	II <b>49</b> 711 N <b>y</b> 111 NY	170 <b>- 1</b> 714 - <b>1710 - 1</b> 71	SWEET 11 141 <b>9</b> 1.	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			·	=Suite, Apt. #, etc.			03172005	Chg-P	CR2E0	34 (10/03)		
City & State			,, E	City & State		·	4. FEI Number 65-0887				plied For Applicable	
Zip		Country		Zip		Country	<u> </u>	f Status Desired	_~_	<b>\$8.75</b> Add Fee Require		
	6. Name	and Address	of Current R	egistered Agent			7. Name and Address of New Registered Agent					
CARBALLOSA, HECTOR				. '	•		Name Street Address (P.O. Box Number is Not Acceptable)					
3301 S.W. 139TH AVE. MIAMI, FL 33175						Gliest riggiess	Chose College (C. Dox Trambel of the Proophiliale)					
						City	<del> </del>	<del>. ,, -</del> , -	FL	Zip Cod	в	
the obligati	ions of registe		tatement for t	he purpose of ch	anging its regi	istered office or registo	ered agent, or both	, in the State of Flo	orida. I am i	amiliar with,	and accept	
SIGNATURE_	Signature, typed	or printed name of re	gistered agent an	d dda ll applicable	(NOTE Heg	ylstered Agent signatura require	ed when refrestating)		DATE			
		FEE IS \$1! 5 Fee will b		م. سا	on Campaign I Fund Contribut	Financing \$5 tion, \(\sigma\) Ad	5.00 May Be ded to Fees					
10.		OFF1	CERS AND D	IRECTORS		11.	ADDITIONS/C	HANGES TO OFF	ICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	OSA, HECTO 139TH AVE 33175		<u> </u>	Delete T	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>		Ö.	Delete	NAME STREET ADDRESS CITY-ST-ZIP		U0000 04/29/05	034125 5-80003	∑ Change 1-023 1	- Addition   58.75	
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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-SI-ZIP				□ Change	∏ Addition	
12. I hereby indicated of the co-	certify that the don this repor rporation of the l, or on an atte	e information s rt or suppleme ne receiver or t achment with a	upplied with t ntal report is l fustee empor hyaddress, w	this filing does not true and accurate wered to execute tityall offer life er	t qualify for the and that my s this report as i	e exemption stated in S signature shall have the required by Chapter St	Section 119.07(3)(I e same legal effect 07, Florida Statutes	), Florida Statutes. as if made under s; and that my nam	I further cer oath; that i	rtify that the I am an officer n Block 10 o	nformation or director r Block 11 if	