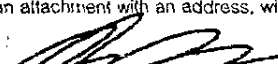


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000085194					
1. Entity Name HURRICANE BUSTER BROTHERS INC.					
Principal Place of Business 8752 S.W. 129 ST. MIAMI FL 33176			Mailing Address 8752 S.W. 129 ST. MIAMI FL 33176		
8752 SW 129 ST			SAME		
2. Principal Place of Business Suite, Apt. #, etc. MIAMI FLA 33176			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip 33176	Country	Zip	Country	4. FEI Number 65-0950179	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, PEDRO L 9021 SW 94TH COURT MIAMI FL 33176			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  PEDRO GONZALEZ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GONZALEZ, PEDRO L 9021 SW 94TH COURT MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GONZALEZ, LUIS M 9021 SW 94TH COURT MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000430157 02/22/06-80036-023 (50.00) ☐ Change ☐ Addition	
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- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered

SIGNATURE:  **PEDRO GONZALEZ**
President- 2/6/06