2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S65144

1. Entity Name
HELLER'S INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1047 DEERPATH CT. WESTON, FL 33326 US	1047 DEERPATH CT. WESTON, FL 33326 US

DO NOT WRITE IN THIS SPACE

04142005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0277928	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGULO, CARLOS
1047 DEERPATH CT.
WESTON, FL 33326

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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

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	ANGULO, CARLOS
STREET ADDRESS	1047 DEERPATH CT.
CITY-ST-ZIP	WESTON, FL 33326
TITLE	TD
NAME	SANHUEZA-ANGULO, SARA
STREET ADDRESS	1047 DEERPATH CT.
CITY-ST-ZIP	WESTON, FL 33326

IID0I00314781
04/13/05-80008--014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ CARLOS ANGULO   4/13/2005   (954)292-8695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #