


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 039 ***150.00

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DOCUMENT # S72030			
1. Entity Name H G S HOLDING CORPORATION		Principal Place of Business HERNANDO GUTIERREZ S. 10500 S.W. 67TH AVE. MIAMI, FL 33156	
Mailing Address HERNANDO GUTIERREZ S. 10500 S.W. 67TH AVE. MIAMI, FL 33156		2. Principal Place of Business - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address	
Suite, Apt. #, etc.		City & State	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0303352		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, MARCELA 15921 SW 87 AVENUE MIAMI, FL 33157		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GUTIERREZ, V HERNANDO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, V HERNANDO	NAME	
STREET ADDRESS	10500 S.W. 67TH AVE.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, PILAR	NAME	
STREET ADDRESS	10500 SW 67TH AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	YP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, ALICIA	NAME	
STREET ADDRESS	10500 SW 67TH AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, ANA BEATRIZ	NAME	
STREET ADDRESS	10500 SW 67 AVE.	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	P, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTIERREZ, MARCELA	NAME	
STREET ADDRESS	10500 SW 67TH AVE	STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 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: <u>Marcela Gutierrez V</u>		Date: <u>4-12-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	