

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091558

Entity Name: HEMEVA, INC

FILED
Jan 13, 2012
Secretary of State

Current Principal Place of Business:

5220 S UNIVERSITY DRIVE, STE. C-102
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 35-2178884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVAS FINANCIAL SERVICES, L.L.C.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MEDINA, HENRY H
Address: 5220 S UNIVERSITY DRIVE, STE. C-102
City-St-Zip: DAVIE, FL 33328 US

Title: VPD
Name: MEDINA, LUCILA E
Address: 5220 S UNIVERSITY DRIVE, STE. C-102
City-St-Zip: DAVIE, FL 33328 US

Title: SD
Name: MEDINA, DANIEL H
Address: 5220 S UNIVERSITY DRIVE, STE. C-102
City-St-Zip: DAVIE, FL 33328 US

Title: D
Name: MEDINA, NELSON A
Address: 5220 S UNIVERSITY DRIVE, STE. C-102
City-St-Zip: DAVIE, FL 33328 US

Title: D
Name: MEDINA, HENRY F
Address: 5220 S UNIVERSITY DRIVE, STE. C-102
City-St-Zip: DAVIE, FL 33328 US

Title: TD
Name: MEDINA, ANA M
Address: 5220 S UNIVERSITY DRIVE, STE. C-102
City-St-Zip: DAVIE, FL 33328 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HENRY H MEDINA

PD

01/13/2012

Electronic Signature of Signing Officer or Director

Date