**2008 FOR PROFIT CORPORATION ANNUAL REPORT** 

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000100041

1. Entity Name

H.M.É. SALES & SERVICE, INC.



**FILED** Jan 28, 2008 08:00 Al Secretary of State

Principal Place of Business

20475 BISCAYNE BLVD

STE G5

AVENTURA, FL 33180

Mailing Address

20475 BISCAYNE BLVD

STE G5

AVENTURA, FL 33180 US



01202008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0714529

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, ANN 20475 BISCAYNE BLVD STE G5 AVENTURA, FL 33180

> of the corporation or the receive changed, or on an attachmen

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

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					
		Election Campaign I Trust Fund Contribut		\$5.00 May Be Added to Fees	   U00000798899   01/30/08-80046-022 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO COOPER, ANN 20475 BISCAYNE BLVD #G5 AVENTURA, FL 33180				
NAME STREET ADDRESS CITY: ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,			
TITLE NAME STREET ADDRESS CITY-S1-ZIP	**			2	
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 tlustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if					