

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006883

FILED  
Apr 09, 2011  
Secretary of State

Entity Name: HEX INVESTMENTS, INC.

**Current Principal Place of Business:**

8500 SW 8 STREET  
STE 238  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8500 SW 8 STREET  
STE 238  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 65-0721293      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACHADO, JOSE LUIS  
8500 SW 8 STREET  
STE 238  
MIAMI, FL 33144 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: HERRAN, EMILIANO E  
Address: 8500 SW 8 STREET SUITE 238  
City-St-Zip: MIAMI, FL 33144

Title: SD  
Name: CAINZOS, ROGELIO  
Address: 8500 SW 8 STREET SUITE 238  
City-St-Zip: MIAMI, FL 33144

Title: VPD  
Name: CORREA, JORGE  
Address: 8500 SW 8 STREET SUITE 238  
City-St-Zip: MIAMI, FL 33144

Title: TD  
Name: MACHADO, JOSE L  
Address: 8500 SW 8 STREET SUITE 238  
City-St-Zip: MIAMI, FL 33144

Title: D  
Name: LASARTE, FELIX  
Address: 8500 SW 8 STREET SUITE 238  
City-St-Zip: MIAMI, FL 33144

Title: D  
Name: GOMEZ, DAISY T  
Address: 8500 SW 8 STREET SUITE 238  
City-St-Zip: MIAMI, FL 33144

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: JOSE LUIS MACHADO

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04/09/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date