

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080644

Entity Name: HESPERIDES, INC.

Current Principal Place of Business:

8866 ROSE LAKE SHORE LN.
ORLANDO, FL 32835

Current Mailing Address:

P.O. BOX 634
GOTHA, FL 34734

FEI Number: 52-1218886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDES VIEIRA, ELZA
8866 ROSE LAKE SHORE LN
ORLANDO, FL 32835 US

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

Officer/Director Detail :

Title D, S
Name MENDES VIEIRA E, ELZA
Address P. O. BOX 634
City-State-Zip: GOTHA FL 34734

Title P
Name FELLOUS, ELIZABETH
Address P.O. BOX 634
City-State-Zip: GOTHA FL 34734

Title VP,T
Name FELLOUS, HECTOR
Address P.O. BOX 634
City-State-Zip: GOTHA FL 34734

Title EVP
Name MENDES VIEIRA, ELZA
Address P. O. BOX 634
City-State-Zip: GOTHA FL 34734

Title D, S
Name MENDES VIEIRA E, ELZA
Address P. O. BOX 634
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Name FELLOUS, ELIZABETH
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Name FELLOUS, HECTOR
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Title EVP
Name MENDES VIEIRA, ELZA
Address P. O. BOX 634
City-State-Zip: GOTHA FL 34734

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: ELZA MENDES VIEIRA

D, S

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date