

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000028879

**Entity Name:** HUEMOZ, INC.**Current Principal Place of Business:**2205 SOUTH UNIVERSITY DRIVE  
DAVIE, FL 33324-5813**Current Mailing Address:**2205 SOUTH UNIVERSITY DRIVE  
DAVIE, FL 33324-5813**FEI Number: 26-4779809****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPIRO, CYRIL S  
2205 SOUTH UNIVERSITY DRIVE  
DAVIE, FL 33324-5813 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

Title	D
Name	BROWNLEE, PAMELA
Address	2205 SOUTH UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33324-5813

Title	D
Name	COHEN, STEPHEN
Address	2205 SOUTH UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33324-5813

Title	D
Name	SPIRO, CYRIL S
Address	2205 SOUTH UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33324-5813

Title	D.P.
Name	LECORGNE, NEILL
Address	2205 SOUTH UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33324-5813

Title	D
Name	CALDER, DAWN
Address	2205 SOUTH UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33324-5813

Title	D
Name	OWENS, PAMELA J
Address	2205 SOUTH UNIVERSITY DRIVE
City-State-Zip:	DAVIE FL 33324-5813

*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: CYRIL S. SPIRO****DC****03/18/2014**

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Electronic Signature of Signing Officer/Director Detail

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Date