

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19780

FILED
Mar 19, 2009
Secretary of State

Entity Name: HIDE INVESTMENT CORPORATION

Current Principal Place of Business:

% LUIS MEDERO
230 W. SAN MARINO DR
MIAMI BCH, FL 331391149

New Principal Place of Business:

Current Mailing Address:

% LUIS MEDERO
230 W. SAN MARINO DR
MIAMI BCH, FL 331391149

New Mailing Address:

FEI Number: 59-2179299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDERO, LUIS
230 W. SN MARINO DR
MIAMI BCH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MEDERO, LUIS,
Address: 230 W. SAN MARINO DR
City-St-Zip: MIAMI BCH, FL

Title: D () Delete
Name: MARTINEZ, GLORIA,
Address: 2328 SW 18 ST
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: MEDERO, LUIS
Address: 704 NW 37 AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: D () Delete
Name: MEDERO SIERRA, GLADYS
Address: 2468 SW 18 ST
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: YESENIA, CASTILLO
Address: 3401 SW 130 AVENUE
City-St-Zip: MIAMI, FL 33027

Title: D () Delete
Name: MEDERO, JANET
Address: 13322 SW 6 STREET
City-St-Zip: MIAMI, FL 33184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS MEDERO

DP

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date