

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M39814

1. Entity Name

HEMCO INDUSTRIES, INC.



Principal Place of Business

4005 NW 135 STR
MIAMI FL 33054
US

Mailing Address

4005 NW 135 STR
MIAMI FL 33054
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2728877**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HERNANDEZ, AURELIO F.
2500 N.E. 135TH ST.
#PH-5
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

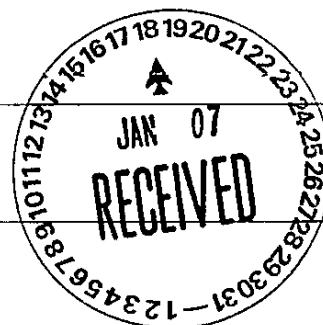
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD HERNANDEZ, AURELIO F. 2500 N.E. 135 ST. #PH-5 NORTH MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | SD HERNANDEZ, AIDA N 2500 N.E. 135 ST. #PH-5 NORTH MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | U000000661471 03/20/07-80040-023 150.00 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Aurelio F. Hernandez* **AURELIO F. HERNANDEZ** **3/5/07** **305-769-0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #