

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M39814 1. Entity Name HEMCO INDUSTRIES, INC.	
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Principal Place of Business 4005 NW 135 STR MIAMI FL 33054 US	Mailing Address 4005 NW 135 STR MIAMI FL 33054 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 59-2728877	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when filing change of agent.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, AURELIO F. 2500 N.E. 135 ST. #PH-5 NORTH MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000880796 04/15/08-80071-015 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, AIDA N 2500 N.E. 135 ST. #PH-5 NORTH MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 4/2/08 (305) 769-0606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR