

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091558

Entity Name: HEMEVA, INC

FILED
Jun 23, 2006
Secretary of State

Current Principal Place of Business:

16300 NE 19 AVE STE C
N MIAMI BCH, FL 33162

New Principal Place of Business:

16300 NE 19 AVE STE C
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16300 NE 19 AVE STE C
N MIAMI BCH, FL 33162

New Mailing Address:

5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328

FEI Number: 35-2178884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, FERNANDO
16300 NE 19 AVE STE C
N MIAMI BCH, FL 33162 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 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: FERNANDO SILVA

06/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEDINA, HENRY H
Address: 16300 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VPD () Delete
Name: MEDINA, LUCILA E
Address: 16300 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD () Delete
Name: MEDINA, DANIEL H
Address: 16300 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: MEDINA, NELSON A
Address: 16300 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D () Delete
Name: MEDINA, HENRY F
Address: 16300 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD () Delete
Name: MEDINA, ANA M
Address: 16300 NE 19 AVE STE C
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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 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: HENRY H. MEDINA

PD

06/23/2006

Electronic Signature of Signing Officer or Director

Date