

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091558

Entity Name: HEMEVA, INC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 35-2178884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

TD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date