

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 JUL 12 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07082004 Chg-P CR2E034 (10/03) 64

4. FEI Number **20-0488168** Applied For Not Applicable

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

DOCUMENT # P03000152124

1. Entity Name  
HEMISPHERE CORP.



Principal Place of Business  
2921 SW 10TH STREET-SUITE 21  
MIAMI, FL 33135

Mailing Address  
2921 SW 10TH STREET-SUITE 21  
MIAMI, FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, ETTAMO MARTIN  
2921 SW 10TH STREET-SUITE 21  
MIAMI, FL 33135

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

*Ettamo Delgado*

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

(NOTE: Registered Agent signature required when reinstating)

7-8-04

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME DELGADO, ETTAMO MARTIN  
STREET ADDRESS 2921 SW 10TH STREET-SUITE 21  
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME ACOSTA, RAFAELA  
STREET ADDRESS 2921 SW 10TH STREET-SUITE 21  
CITY-ST-ZIP MIAMI, FL 33135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**200039535752**  
**07/26/04--01067--022 \*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ettamo Delgado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-04

Date

Daytime Phone #

2012

Miami Florida  
County of Dade

July 8, 2004

Division of Corporations  
Tallahassee Florida

Ref: Hemisphere Corp.

Sir:

At this time I don't receive the Corporation Annual Renew please accept my renew with  
no penalty.

  
Estano M. Delgado

President.