


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90055 043 ***150.00

DOCUMENT # P03000152124	
1. Entity Name HEMISPHERE CORP.	

Principal Place of Business 2617 SW 33 AVE MIAMI, FL 33133	Mailing Address 2617 SW 33 AVE MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box # 4200 SW 4 Street	3. Mailing Address 4200 SW 4 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL.	City & State MIAMI FL.
Zip 33134	Country FLADE



03122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent DELGADO, ETTAMO MARTIN 2921 SW 10TH STREET-SUITE 21 MIAMI, FL 33135	
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4. FEI Number 20-0488168	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: <i>x Ettamo Delgado</i>	DATE: 03/12/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DELGADO, ETTAMO MARTIN 2921 SW 10TH STREET-SUITE 21 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4200 SW 4 Street MIAMI FL 33134. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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 I am empowered.	
SIGNATURE: <i>x Ettamo Delgado</i>	DATE: 03/12/07 Daytime Phone #: 786 426 2366