

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000068341

1. Entity Name
HAMILVINCI CORPORATION



Principal Place of Business

3735 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD
SUITE 606
CORAL GABLES, FL 33134



04292008

No Chg-P

CR2E034 (11/05)

4. FEI Number
20-1047087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA, SERAFIN M
3735 SW 8TH STREET
SUITE 105
CORAL GABLES, FL 33134

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000945132
05/29/08-80126-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME GARCIA, SERAFIN M
STREET ADDRESS 3735 SW 8TH STREET, SUITE 105
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VP
NAME ARAGON, HECTOR E
STREET ADDRESS 3735 SW 8TH STREET, SUITE 105
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE S
NAME GARCIA, SERAFIN M
STREET ADDRESS 3735 SW 8TH STREET, SUITE 105
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08 305569-0016