

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077962

Entity Name: THE HEMY GROUP, INC.

FILED
Apr 21, 2006
Secretary of State

Current Principal Place of Business:

7211 WEST 24TH AVENUE
HIALEAH, FL 33016

New Principal Place of Business:

9990 NW 14 STREET
114
MIAMI, FL 33172

Current Mailing Address:

7211 WEST 24TH AVENUE
HIALEAH, FL 33016

New Mailing Address:

555 EAST B25 STREET
111
HIALEAH, FL 33013

FEI Number: 20-1131379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, HECTOR
7211 WEST 24TH AVENUE
HIALEAH, FL 33016 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: SANCHEZ, HECTOR
Address: 7211 WEST 24TH AVENUE SUITE 2274
City-St-Zip: HIALEAH, FL 33016

Title: STD () Delete
Name: SANCHEZ, MARY A
Address: 7211 WEST 24TH AVENUE SUITE 2274
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HECTOR SANCHEZ

PD

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date