# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2005**
**Secretary of State**

DOCUMENT# P04000150203

**Entity Name:** 2 IN 1 HEMACOMO, INC.

**Current Principal Place of Business:**

120 LAKEVIEW DRIVE
SUITE #218
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 LAKEVIEW DRIVE
SUITE #218
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE 105
WESTON, FL 33326 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: P ( ) Delete
Name: CANDAMIL, MARY
Address: 120 LAKEVIEW DRIVE SUITE 218
City-St-Zip: WESTON, FL 33326 US

Title: VP ( ) Delete
Name: OCAMPO, GLORIA
Address: 120 LAKEVIEW DRIVE SUITE 218
City-St-Zip: WESTON, FL 33326 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MOLINA, ADRIANA M
Address: 120 LAKEVIEW DRIVE SUITE 218
City-St-Zip: WESTON, FL 33326 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: CANDAMIL, MARY
Address: 120 LAKEVIEW DRIVE SUITE 218
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADRIANA M. MOLINA P 03/18/2005

Electronic Signature of Signing Officer or Director — Date