2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150203

Entity Name: 2 IN 1 HEMACOMO, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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120 LAKEVIEW DRIVE 1912 WESTON ROAD SUITE #218 WESTON, FL 33326 US

WESTON, FL 33326 US

Current Mailing Address: New Mailing Address:

120 LAKEVIEW DRIVE 1912 WESTON ROAD SUITE #218 WESTON, FL 33326 US WESTON, FL 33326 US

FEI Number: 20-2043896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE 105 WESTON, FL 33326 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MOLINA, ADRIANA M
 Name:
 MOLINA, ADRIANA M

 Address:
 120 LAKEVIEW DRIVE SUITE 218
 Address:
 1912 WESTON ROAD

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:
 WESTON, FL 33326 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 OCAMPO, GLORIA
 Name:
 OCAMPO, GLORIA

 Address:
 120 LAKEVIEW DRIVE SUITE 218
 Address:
 1912 WESTON ROAD

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:
 WESTON, FL 33326 US

 Name:
 CANDAMIL, MARY
 Name:
 CANDAMIL, MARY

 Address:
 120 LAKEVIEW DRIVE SUITE 218
 Address:
 1912 WESTON ROAD

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify 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: ADRIANA M. MOLINA P 04/30/2007