

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000083557

1. Entity Name
HEMAEL, CORP.



Principal Place of Business

7951 SW 40 STREET
SUITE 206
MIAMI, FL 33155

Mailing Address

8726 NW 119 STREET
BAY #4
HIALEAH GARDENS, FL 33018



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number
20-2981319

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

DIAZ, OSVALDO J
7951 SW 40 STREET
SUITE 206
MIAMI, FL 33155

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

U000000949943
06/03/08-80048-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTVD
NAME	GUTIERREZ, CARLOS A
STREET ADDRESS	7951 SW 40 STREET - SUITE 206
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	GALVEZ, FRANCISCO
STREET ADDRESS	7951 SW 40 STREET - SUITE 206
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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 #

4/30/08

3052616251