

**FOR PROFIT CORPORATE
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # 205000128716

1. Entity Name

HENWARD solutions corp.



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2. Principal Place of Business - No P.O. Box #

5439 BALDOCK AVE

Suite, Apt. #, etc.

3. Mailing Address

5439 BALDOCK AVE

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

Zip

34608

Country

US

Zip

34608

Country

US

4. FEI Number

20-3505970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (5/07)

FILED

08 NOV -5 AM 11:01

CLERK OF STATE
TALLAHASSEE, FLORIDA

200137670562
11/05/08--01034--001 **61.25

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7. Name and Address of Current Registered Agent

Name PACHECO, HENRY

Street Address (P.O. Box Number is Not Acceptable)
5439 BALDOCK AVE

City SPRING HILL

FL

Zip Code 34608

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

11/03/08

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended Fee is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P.D.
NAME PACHECO, HENRY
STREET ADDRESS 5439 BALDOCK AVE
CITY-ST-ZIP SPRING HILL, FL 34608, US

TITLE S
NAME GRACIA, FRANCISCO J.
STREET ADDRESS 5932 6TH ST COURT EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE T
NAME BUESO, PEDRO
STREET ADDRESS 421 61ST AVE EAST
CITY-ST-ZIP BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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11/4

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 on an attachment with an address, with a name like empowered.

SIGNATURE:

HENRY PACHECO

11/03/08

(813) 3093971

Date

Daytime Phone #