

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2008 8:00 am
Secretary of State

DOCUMENT # P06000136082

1. Entity Name

HYV INC.



09-09-2008 90026 001 ***150.00

09-09-2008 90026 002 *****8.75

09-09-2008 90026 003 *****5.00

Principal Place of Business

**1717 GULFVIEW DR.
KISSIMMEE FL 34746**

Mailing Address

**1717 GULFVIEW DR.
KISSIMMEE FL 34746**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number

20-5789378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VILLARREAL, HERNAN
10125 SW 91 TERRACE
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name **Villarreal Hernan**

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

1717 Golfview Dr.

City **Kissimmee**

FL

Zip Code

34746

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 \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | VILLAREAL, HERNAN | |
| STREET ADDRESS | 10125 SW 91 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GARCIA, YOLI | |
| STREET ADDRESS | 10125 SW 91 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VILLARREAL, MICHELLE | |
| STREET ADDRESS | 10125 SW 91 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1717 Golfview Dr. | |
| STREET ADDRESS | Kissimmee FL 34746 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1717 Golfview Dr. | |
| STREET ADDRESS | Kissimmee FL 34746 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1717 Golfview Dr. | |
| STREET ADDRESS | Kissimmee FL 34746 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

09/03/2008

Date

907-9147540

Daytime Phone #