2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90066 026 ***150.00

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1. Entity Name
HECTOR E MC INC.

Principal Place of Business	Mailing Address
PMB 194 12717 W SUNRISE BLVD SUNRISE, FL 33323-0907	PMB 194 12717 W SUNRISE BLVD SUNRISE, FL 33323-0907

03292007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		8652 NW 10th COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ~~PLANTATION~~	
City & State		City & State PLANTATION, FLORIDA	
Zip	Country	Zip 33322	Country USA

4. FEI Number 56-2620029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCFARQWHAR, H.E.
8652 NW 10TH CT
PLANTATION, FL 33322

7. Name and Address of New Registered Agent
Name MCFARQUHAR, H.E.
Street Address (P.O. Box Number is Not Acceptable) 8652 NW 10th COURT
City PLANTATION FL Zip Code 33322

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 H. E. MCFARQUHAR [signature] 3/29/2007
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARQWARE, H.E. 8652 NW 10TH CTSUNRISE BLVD PLANTATION, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARQUHAR, H.E. 8652 NW 10th COURT PLANTATION, FL. 33322	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: H.E. MCFARQUHAR / [signature] 3/29/2007 954-236-5705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #