## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000102782

Entity Name: HYCINVESTMENTSINC

FILED Apr 30, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

18851 NE 29TH AVENUE 201 S. BISCAYNE BLVD. 905

900

AVENTURA, FL 33180 MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

**18851 NE 29TH AVENUE** 201 S. BISCAYNE BLVD. 905

AVENTURA, FL 33180 US MIAMI, FL 33131 US

FEI Number: 26-1077565 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MONTERO, JULIAN F MONTERO, JULIAN F 18851 NE 29TH AVENUE 201 S. BISCAYNE BLVD. 900 905

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.

MIAMI, FL 33131 US

SIGNATURE: JULIAN MONTERO F 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

AVENTURA, FL 33180 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition JOHNSON LLONA, HERNAN Name: Name: JOHNSON LLONA, HERNAN 18851 NE 29TH AVENUE, SUTE 900 201 S. BISCAYNE BLVD. SUITE 905 Address: Address:

City-St-Zip: AVENTURA, FL 33180 US City-St-Zip: MIAMI, FL 33131 US

Title: (X) Change ( ) Addition Title: ( ) Delete JOHNSON UNDURRAGA, MAURICIO Name: Name: JOHNSON UNDURRAGA, MAURICIO 18851 NE 29TH AVENUE, SUITE 900 201 S. BISCAYNE BLVD. SUITE 905 Address: Address:

AVENTURA, FL 33180 US MIAMI, FL 33131 US City-St-Zip: City-St-Zip:

Title: Title: D. S ( ) Delete D S (X) Change ( ) Addition ARNAIZ JOHNSON, JUAN R ARNAIZ JOHNSON, JUAN R Name: Name: 18851 NE 29TH AVENUE, SUITE 900 201 S. BISCAYNE BLVD, SUITE 905 Address: Address:

City-St-Zip: AVENTURA, FL 33180 US City-St-Zip: MIAMI, FL 33131 US

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: JOHNSON LLONA HERNAN DP 04/30/2009