

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095671

Entity Name: A.R.G HEMAN EMANUELLE, INC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2200 N FORSYTH RD
SUITE F-01
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

2200 N FORSYTH RD
SUITE F-01
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 26-3622742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REVERON, AURORA
5314 WENDALEES CT
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

REVERON, AURORA
7610 WINTER SHADE DR.
ORLANDO, FL 32822 US

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.

SIGNATURE: AURORA REVERON

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUZ, MARGARITA
Address: 2206 ANTIGUA PL APT 1015
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: RIVERA, MIRIAM
Address: 7099 ALOMA AVE APT D
City-St-Zip: WINTER PARK, FL 32792

Title: S,T () Delete
Name: REVERON, AURORA
Address: 9848 DEAN WOODS PL.
City-St-Zip: ORLANDO, FL 32825

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AYALA, ALEXANDRA
Address: 4405 BERLIN CTT
City-St-Zip: ORLANDO, FL 32822

Title: VP (X) Change () Addition
Name: CINTRON, ILUMINADA
Address: 4405 BERLIN CT
City-St-Zip: ORLANDO, FL 32822

Title: TD (X) Change () Addition
Name: REVERON, AURORA
Address: 7610 WINTER SHADE DR.
City-St-Zip: ORLANDO, FL 32822 OR

Title: SD () Change (X) Addition
Name: CRUZ, MARGARITA
Address: 19 LAGUNA POINTE WAY
City-St-Zip: KISSIMMEE, FL 34743

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: MARGARITA CRUZ

SD

04/29/2009

Electronic Signature of Signing Officer or Director

Date