

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010942

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEMY INTERNATIONAL CORP.

Current Principal Place of Business:

9990 NW 14 STREET
#114
MIAMI, FL 33172

New Principal Place of Business:

9990 NW 14 STREET
#114
MIAMI, FL 33172 US

Current Mailing Address:

555 E 25 ST
#111
HIALEAH, FL 33013

New Mailing Address:

555 E 25 ST
#111
HIALEAH, FL 33013 US

FEI Number: 65-0387853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANCHEZ, HECTOR
7211 W. 24 AVE. .
#2274
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SANCHEZ, HECTOR
Address: 7211 W. 24 AVE. #2274
City-St-Zip: HIALEAH, FL 33016

Title: S/D () Delete
Name: SANCHEZ, MARY A
Address: 7211 W. 24 AVE. #2274
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HECTOR SANCHEZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date