

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042696

Entity Name: HEURISTIKA, INC.

FILED
Sep 04, 2007
Secretary of State

Current Principal Place of Business:

4543 SW 144 AVE
MIAMI, FL 33175

New Principal Place of Business:

14259 SW 272 LN
HOMESTEAD, FL 33032

Current Mailing Address:

4543 SW 144 AVE
MIAMI, FL 33175

New Mailing Address:

14259 SW 272 LN
HOMESTEAD, FL 33032

FEI Number: 65-0679959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ-MOBILIA, FEDERICO
4543 SW 155 AVE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

LOPEZ-MOBILIA, FEDERICO
14259 SW 272 LN
14259 SW 272 LN, FL 33032 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:

09/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOPEZ-MOBILIA, FEDERICO
Address: 4543 SW 144 AVE
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: LOPEZ-MOBILIA, FEDERICO
Address: 4543 SW 144 AVE
City-St-Zip: MIAMI, FL 33175

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: FLM

PD

09/04/2007

Electronic Signature of Signing Officer or Director

Date