2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000061351

1. Entity Name

HYVÁC INTERNATIONAL, INC.



FILED
Feb 27, 2008 08:00 AN
Secretary of State

Principal Place of Business

3400 SW 10 STREET DEERFIELD BEACH, FL 33442 Mailing Address

3400 SW 10 STREET DEERFIELD BEACH, FL 33442



DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0741148 Not Applied be

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, ANGEL 3400 SW 10 STREET DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered offic	se or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE Re	gistered Agent :	signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Camp Trust Fund Cor			+			U06000841272 03/10/08-80010-012 150.00
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, ANGEL 3400 SW 10 STREET DEERFIELD BEACH, FL 33442					•
NAME STREET ADDRESS CITY-ST-ZIP					•	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby 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:

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-711-06

Daytime Phone ≱