


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000008286 1. Entity Name HEYS INVESTMENT, INC.	
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Principal Place of Business 8455 GRAND CANAL DRIVE MIAMI, FL 33144	Mailing Address 8455 GRAND CANAL DRIVE MIAMI, FL 33144
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03192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0725433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. 2ND FLOOR SUITE 700 CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

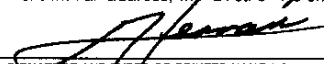
000000680450
04/03/07-80079-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, JOSE ANTONIO 8455 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, MARIA 8455 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, ANA MARY 8455 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, DANIEL 8455 GRAND CANAL DRIVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, JOSE A 8445 GRAND CANAL DRIVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07 305-226-5513
Date Daytime Phone #