

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90030 024 ***150.00

DOCUMENT # P99000013349
1. Entity Name
HECH & ASSOCIATES CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8360 W FLAGLER STREET Suite, Apt. #, etc. 206 City & State MIAMI, FL Zip 33144		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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40110427

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name HECHLER, DAEWID	
Street Address (P.O. Box Number is Not Acceptable) 8360 W FLAGLER STREET, SUITE 206	
City MIAMI	Zip Code FL 33144

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHLER, DAEWID 8360 W FLAGLER STREET, SUITE 206 MIAMI, FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DAEWID HECHLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hechler 4/21/07 705 975-7466