

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000018362

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: HERSAU CORP.

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 501  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 501  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1058413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IRIONDO, ANDRES J  
901 PONCE DE LEON BLVD.  
SUITE 501  
CORAL GABLES, FL 33134 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: D            ( ) Delete  
Name: HERNANDEZ, CARLOS  
Address: 100 BAYVIEW DR. ARLEN HOUSE EAST #803  
City-St-Zip: CORAL GABLES, FL 33134

Title: D            ( ) Delete  
Name: HERNANDEZ, LUISA  
Address: 100 BAYVIEW DR. ARLEN HOUSE EAST #803  
City-St-Zip: CORAL GABLES, FL 33134

Title: D            ( ) Delete  
Name: GUZMAN, PEDRO  
Address: 100 BAYVIEW DR. ARLEN HOUSE EAST #803  
City-St-Zip: CORAL GABLES, FL 33134

Title: D            ( ) Delete  
Name: ALVAREZ, JUAN V  
Address: 901 PONCE DE LEON BLVD 501  
City-St-Zip: MIAMI, FL 33134

Title: AS            ( ) Delete  
Name: IRIONDO, ANDRES J  
Address: 901PONCE DE LEON BLVD. #501  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: CARLOS HERNANDEZ

D

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date