2004 FOR PROFIT CORPORATION

FILED - ANNUAL REPORT Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P02000033191** HERVIN CORDON, INC. Principal Place of Business Mailing Address 20024 NW 32 COURT 20024 NW 32 COURT OPA LOCKA, FL 33056 OPA LOCKA, FL 33056 02032004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3035746 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORDON, HERVIN DO NOT WRITE 20024 NW 32 COURT OPA LOCKA, FL 33056 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U00000114771 After May 1, 2004 Fee will be \$550.00 Added to Fees <u>04/15/04-80064-008</u> OFFICERS AND DIRECTORS 16. T181 F NAME CORDON, HERVIN STREET ADDRESS 20024 NW 32 CT C37Y-S3-79P OPA LOCKA, FL 33056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - 57-71P TITLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

ERVIN (SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytimo Phone #