

**FOR PROFIT CORPORATION
ANNUAL REPORT**


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FILED

11 APR 22 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000040715	
1. Entity Name PETER S. HERRICK, P.A.	

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2. Principal Place of Business - No P.O. Box # 3520 CRYSTAL VIEW COURT	3. Mailing Address 3520 CRYSTAL VIEW COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CR2E034B (1/11)

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 77-0625816	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country US	Zip 33133	Country US
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name BRIAN C CALVARESE, CPA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 5340 N. FEDERAL HWY, # 202	
City LIGHTHOUSE POINT	State FL Zip Code 33064

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  DATE **4/30/2011**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

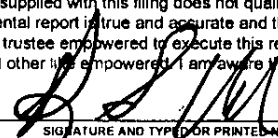
<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	<p>E-mail Address: BCALVARESE@BELLSOUTH.NET E-mail address to be used for future annual report notices.</p>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETER S. HERRICK 3520 CRYSTAL VIEW COURT MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/W/O
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:  DATE **305/858-2332**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #