2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State
04-28-2006 90197 020 ***150.00

DOCUMENT # F05000002980

1. Entity Name

HERITAGE COMMERCIAL CORP.

Principal Place of Business	Mailing Address
1380 NE MIAMI GARDENS DR #130 NORTH MIAMI BEACH FL 33179	1380 NE MIAMI GARDENS DR #130 NORTH MIAMI BEACH FL 33179

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
1380 NE Miami Gardens Dr.	1835 NE Miami Gardens Dr
Suite, Apt. #, etc. 240	Suite, Apt. #, etc. 144
City & State North Miami Beach FL	City & State North Miami Beach FL
Zip 33179 Country USA	Zip 33179 Country USA

4. FEI Number 76-0793466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGUIRRE, JUAN 1380 NE MIAMI GARDENS DR #130 NORTH MIAMI BEACH FL 33179	Name Aguirre Juan Street Address (P.O. Box Number is Not Acceptable) 1380 NE Miami Gardens Drive Suite 240 City North Miami Beach FL Zip Code 33179

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] 4/26/06
Signature, if applicable, of registered agent and/or name of registered agent and/or # applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUIRRE, JUAN EL DORADO, GALERIA MIAMI #13 PANAMA, REP OF PANAMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILTON ERASMO CHAMBONETT LEMOS EL DORADO, GALERIA MIAMI #13 PANAMA, REP OF PANAMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT RAUL ELIAS BERRIO CASTILLO EL DORADO, GALERIA MIAMI #13 PANAMA, REP OF PANAMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FELIPE BULGIN ORTEGA EL DORADO, GALERIA MIAMI #13 PANAMA, REP OF PANAMA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 4/26/06 305-354-7519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #