## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Mar 26, 2008 8:00 am Secretary of State **DOCUMENT #467858** 03-26-2008 90024 041 \*\*\*150.00 HERBERTO CORPORATION Principal Place of Business Mailing Address 4000ero. 353 W 47 ST P 0 BOX 403818 MIAMI, FL 33140 US MIAMI BEACH, FL 33140-1818 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 59-1565735 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-LUISA RIVERA LIPSKAR, JOSEPH Street Address (P.O. Box Number is Not Acceptable) HERBERTO CORPORATION **BEACH PROPERTIES INC** 3100 COLLINS AVE MIAMI, FL 33140 <u>1198 VENETIAN WAY</u> Zip Code 33139 City MIAMI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition ☐ Delete TITLE NN F DELLER, ALBERTO P NAME NAME STREET ADDRESS 353 W 47 ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH, FL 33140 Change Change ■ Addition ☐ Delete nn F DELLER, MICHEL T NAME NAME STREET ADDRESS STREET ADDRESS 353 W 47 ST CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME KLEIN DE DELLER, FRIDA VP STREET ADDRESS 353 W 47 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an orderess, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED