


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 547987</b> 1. Entity Name HERZFELD'S, INC.	
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Principal Place of Business 6180 N.W. 84 AVE. MIAMI, FL 33166-3319	Mailing Address 6180 N.W. 84 AVE. MIAMI, FL 33166-3319
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03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1776400	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  ROSS, HOWARD 6180 NW 24 AVE MIAMI, FL 33166
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**DO NOT WRITE  
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) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

U000000727361  
05/04/07-80044-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, HOWARD 2450 N E 202ND STREET N. MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, PAULA 2450 NE 202ND ST MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, MITCHELL 1123 SW 158 AVE HOLLYWOOD, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRD, BRADFORD M 3816 SW 50 ST FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Howard Ross* 4-7-07 305-807-9088