


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 673699 1. Entity Name HERALD SQUARE DISTRIBUTOR COMPANY																												
Principal Place of Business % VICENTE LOPEZ A-208 MIAMI FL 33125 US			Mailing Address 1901 NW NORTH RIVER DR. A-208 MIAMI FL 33125 US																									
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																									
City & State			City & State																									
Zip	Country	Zip	Country	4. FEI Number 59-2008393																								
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																								
6. Name and Address of Current Registered Agent LOPEZ, VICENTE 1901 NW NORTH RIVER DR. A 208 MIAMI FL 33125				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																								
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																												
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 <input type="checkbox"/>																								
\$5.00 May Be Added to Fees				10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME</td> <td style="width:10%;">LOPEZ, VICENTE</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>1901 NW NORTH RIVER DR. #A-208</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>MIAMI FL</td> <td></td> </tr> </table>		TITLE	P	NAME	LOPEZ, VICENTE	<input type="checkbox"/> Delete	STREET ADDRESS			1901 NW NORTH RIVER DR. #A-208		CITY - ST - ZIP			MIAMI FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%;"><input type="checkbox"/> Change</td> <td style="width:10%;"><input type="checkbox"/> Add</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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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: <i>Vicente Lopez</i> / <i>Vicente Lopez</i>																												



1st MOORE

CR2E034 (10/05)

1000000413655

02/11/06 80003-013-150.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Date

Daytime Phone #