

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000802

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: INMOBILIARIA HERVAZA CORPORATION

## Current Principal Place of Business:

1965 N.E. 135TH ST.  
NORTH MIAMI, FL 331812142

## New Principal Place of Business:

## Current Mailing Address:

1965 N.E. 135TH ST.  
NORTH MIAMI, FL 331812142

## New Mailing Address:

FEI Number: 59-2412303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELGADO, CARMEN  
1965 N.E. 135TH ST.  
NORTH MIAMI, FL 331812142 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: VAZQUEZ, ROCIO  
Address: AV ESPAÑA 17-60  
City-St-Zip: CUENCA, AZ ECUADOR

Title: DT ( ) Delete  
Name: VAZQUEZ, FERNANDO  
Address: AV ESPAÑA 17-50  
City-St-Zip: CUENCA, AZ ECUADOR

Title: D ( ) Delete  
Name: VAZQUEZ, GUILLERMO  
Address: AV ESPAÑA 17-60  
City-St-Zip: CUENCA, AZ ECUADOR

Title: D ( ) Delete  
Name: VAZQUEZ, NORA  
Address: AV ESPAÑA 17-70  
City-St-Zip: CUENCA, AZ ECUADOR

Title: DVP ( ) Delete  
Name: VAZQUEZ, PEDRO  
Address: 1965 NE 135TH STREET  
City-St-Zip: NORTH MIAMI, FL 33181 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO VAZQUEZ

DVP

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date