

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L39770 1. Entity Name HERBS UNLIMITED, INC.					
Principal Place of Business 2950 NW 74TH AVE MIAMI, FL 33122 US			Mailing Address P.O. BOX 527865 MIAMI, FL 33152 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		12022005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0158291	
5. Certificate of Status Desired ☒		Applied For Not Applicable			
6. Name and Address of Current Registered Agent COINER, CHARLES B 2950 NW 74TH AVE MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <u><i>Charles B. Coiner</i></u> Charles B. Coiner		12-2-05 DATE			
Amended AR is \$81.25		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	P COINER, CHARLES 2950 NW 74 AVE. MIAMI, FL 33122	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COOSEMANS, DANIEL 1111 NW 21 TERRACE MIAMI, FL 33127	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Charles B. Coiner</i></u>		President		12-2-05 (305) 477-8833	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	