

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

| | | | |
|--|---------|--|---------|
| DOCUMENT # M22634 | | | |
| 1. Entity Name MEDICINAL HERBS, INC. | | | |
| Principal Place of Business % ORESTES NOA 527 S.W. 15TH AVE. MIAMI FL 33135 | | Mailing Address % ORESTES NOA 527 S.W. 15TH AVE. MIAMI FL 33135 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2621466** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| NOA, ORESTES 527 S.E. 15TH AVE. MIAMI FL 33135 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|---------------------------------|---|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD NOA, ORESTES 527 S.W. 15TH AVE. MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D PENDAS, ELINA 828 S.W. 2ND ST. MIAMI FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
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04/22/05-80035-003 150.00

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 *Ortega*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05 305-643-2233
Date Daytime Phone #