2007 FOR PROFIT CORPORATION

FILED Jan 08, 2007 8:00 am Secretary of State

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1. Entity Nan	ne	# P0000032 & HERD, P.A.	2135					01-08-20	07 90237	026 ***15	50.00	
Principal Plac	e of Busines	s	Mailing Add	1885				CAA	00251	ı		
				Mailing Address				UUU	10020			
4100 W KEN STE 312	INEDI DLAD		3919 DOR									
TAMPA, FL	33600		STE 312 -									
INDIEN, IL	33003		TAMPA, FL	43003			# (##) ###	II Br ill Ba lk Ba lk Be				
2 Principal F	Place of Busin	ness - No P.O. Box #	3 Mailing As	desa.								
a. / mopari	idos oi basii	1633 - 140 F.O. DOX #	3. Mailing Address 3919 DORAL DRIVE									
Suite, Apt.	# ata											
Suite, Apt.	#, Olc.		Suite, Apt. #, etc.				01022007	Chg-P	CR2E	034 (12/06)	1	
City & Stat			0: 00:									
City & Stat	ı u			City & State				er		I A	pplied For	
7:-			TAMPA	·			59-363	39671		I N	lot Applicable	
Zip		Country	Zìp	İ	Country 33634	ļ	5. Certificati	of Status Desire	ва 🗀	\$8.75 Ad	ditional	
		<u> </u>		FL.			5. Certificate of Status Desired			Fee Required		
	6. Name	and Address of Current	Registered Age	nt			7. Name an	d Address of Ne	w Registered	d Agent		
MODOEN	O				Name							
MORGEN	STERN, D	ENNIS M			<u> </u>							
3919 DOR					Street A	Address (P	.O. Box Numb	er is Not Accept	table)			
TAMPA, F	L 33034-	7400										
					City				F	Zip Coo	de	
9 The shows								· · · ·				
the obligat	tions of regist	y submits this statement fo	r the purpose of	changing its r	egistered office o	r registere	d agent, or bo	oth, in the State o	of Florida. I ar	n familiar with	, and accept	
uno oongo	nona or regial	tored agent.										
SIGNIATURE												
SIGNATURE	Signature, typed	or printed name of registered agent	and title il applicable.	(NOTE:	Registered Agent signal	ture required v	when reinstating)		DATE			
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent signal	ture required v	vhen reinstating)		DATE	d		
		100 A							DATE			
FIL	E NOW!!!	FEE IS \$150.00	9. Elec	(NOTE: ction Campaig st Fund Contri	n Financing	\$5.0	00 May Be	Privates	DATE			
FIL After M	E NOW!!!	FEE IS \$150.00 7 Fee will be \$550.0	9. Elec Trus	ction Campaig	n Financing	\$5.0			DATE	- day Ara		
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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.

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

AMANAME OF SIGNING OFFICER OR DIRECTOR

1/2/07

(813) 597-3000