2006 FOR PROFIT CORPORATION ANNUAL REPORT
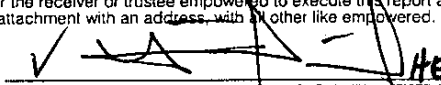
FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90067 002 ***150.00

DOCUMENT # P00000080818

1. Entity Name
HERLA CORP.

Principal Place of Business	Mailing Address
2601 SO. BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33133	2601 SO. BAYSHORE DRIVE SUITE 1400 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

01052006   Chg-P   CR2E034 (11/05)

4. FEI Number **65-1037396** — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

DURAN, ALFREDO G
2601 SO. BAYSHORE DRIVE
SUITE 1400
MIAMI, FL 33133

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	CRUZ, HERNAN S	
STREET ADDRESS	2601 SO. BAYSHORE DRIVE #1400	
CITY-ST-ZIP	MIAMI, FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

(☐ Change ☐ Addition for each entry)

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.

SIGNATURE: _____ PRESIDENT HERNAN SALCEDO CRUZ 1/17/06 (305) 513-8583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #