

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

07 MAY -3 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300102232763  
05/14/07--01003--003 \*\*150.00

DO NOT WRITE IN THIS SPACE

07

DOCUMENT # P0100003239

1. Entity Name

HERRERA-COLIN MODA CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1741 SW 8TH STREET

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

651076177

Applied For

Not Applicable

Zip

33135

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA ZARATE

Street Address (P.O. Box Number is Not Acceptable)

1741 SW 8TH STREET

City

MIAMI

FL

Zip Code

33135

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IN THIS SPACE**

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.

SIGNATURE

*Patricia Zarate*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME PATRICIA ZARATE  
STREET ADDRESS 1741 SW 8TH STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE  
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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Zarate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)