

05-28-2002 91752 013 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000028379*
 1. Entity Name
Herrada Propertys, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 West 21 Street
 Suite, Apt. #, etc.

3. Mailing Address
1500 West 21 Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Beach, Fl.

City & State
Miami Beach, Fl.

Zip
33140 Country
USA

Zip
33140 Country
USA

4. FEI Number
65-0998569

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Andres Herrada

Street Address (P.O. Box Number is Not Acceptable)
1500 West 21 Street

City
Miami Beach FL Zip Code
33140

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 *Andres Herrada*
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when transferring)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is: \$150.00
 After May 1 Fee is: \$500.00
 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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD	Andres Herrada	1500 West 21 St.	Miami Beach, Fl. 33140
SD	Pedro Herrada	1500 West 21 St.	Miami Beach, Fl. 33140

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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: *Andres Herrada*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EC34B (12/01)