

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000062331

1. Entity Name  
HERCASTE, INC.



Principal Place of Business  
1090 N. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

Mailing Address  
1090 N. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

**DO NOT WRITE IN THIS SPACE**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1117145

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, MARIO E  
1090 N. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

**DO NOT WRITE  
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. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U000000088099  
03/15/04-80038-010 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
HERNANDEZ, MARIO E  
1090 N. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVD  
CVAPELLANO, LISBETH  
1090 N. HOMESTEAD BLVD.  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-10-04