


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**


03-15-2006 90111 022 \*\*\*150.00

<b>DOCUMENT # P02000011059</b>		
1. Entity Name <b>HERGO ENTERPRISES, CORP.</b>		

Principal Place of Business <b>8625 SW 152 AVENUE 240 MIAMI, FL 33193 US</b>	Mailing Address <b>8625 SW 152 AVENUE 240 MIAMI, FL 33193 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**90-0004161 50002755**



02172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1184923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PENA, LAVIDANIA 15638 SW 98 MIAMI, FL 33196</b>		7. Name and Address of New Registered Agent Name <b>HARLEI SALAZAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>8625 SW 152 AVENUE #240</b> City <b>MIAMI</b> FL Zip Code <b>33193</b>	
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD GOMEZ, CESAR A 8625 SW 152 AVENUE #240 N MIAMI, FL 33193</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SALAZAR, HARLEI 8625 SW 152 AVENUE #240 N MIAMI, FL 33193</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

**SIGNATURE:**  **2/17/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ATTACHMENT

50002755  
# P02000011059

February 06, 2006

HERGO ENTERPRISES CORP  
8760 SW 133RD AVENUE RD APT 221  
MIAMI, FL 33183-5371

FEI #: 90-0009765

To Whom It May Concern:

As stated in our previous letter, a copy of which is enclosed, the above referenced corporation is currently registered with or obligated to file a corporation income tax return with the Florida Department of Revenue, but is not currently registered with the Florida Department of State. Because we have not received a response to our letter, this letter shall constitute notice that this matter will be transferred to the Florida Department of State's General Counsel's Office if an appropriate response is not received within the next 30 days.

To avoid any further action on the part of this office, you must return one of the following:

If the corporation is transacting business within the meaning of section 607.1501, F.S., return the enclosed **APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA** along with the appropriate fees and documentation.

If the corporation is not transacting business within the meaning of section 607.1501, F.S., return the enclosed **"Statement Concerning Authority to Transact Business in Florida by a Foreign Corporation."**

If you have any questions regarding this matter, you may call the New Filing Section at (850) 245-6052.

Division of Corporations

**Mailing Address:**  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Courier Address:**  
Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301