

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90202 038 ***150.00

DOCUMENT # P02000011059

1. Entity Name
HERGO ENTERPRISES, CORP.



Principal Place of Business
8625 SW 152 AVENUE
240
MIAMI, FL 33193 US

Mailing Address
8625 SW 152 AVENUE
240
MIAMI, FL 33193 US

20009037



04032007 Chg-P *see Attachment* CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1134923

Chg-P

90-0009765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, HARLEI
8625 SW 152ND AVE, # 240
MIAMI, FL 33193

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME GOMEZ, CESAR A
STREET ADDRESS 8625 SW 152 AVENUE #240 N
CITY-ST-ZIP MIAMI, FL 33193

TITLE V ☐ Delete
NAME SALAZAR, HARLEI
STREET ADDRESS 8625 SW 152 AVENUE #240 N
CITY-ST-ZIP MIAMI, FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information reported 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-3-07 3053357816

ATTACHMENT

2009037
PG2000011659

Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120, R. 01/07
INTU

FEIN 90-0009765

For calendar year 2006 or tax year beginning , 2006 ending

872102006123100020050370390000976500007

Name HERGO ENTERPRISES, CORP.

Address 8625 SW 152nd AVENUE # 240

Address

CSZ MIAMI

FL 33193

- ☐ Check here if any changes have been made to name or address
- ☐ Check here if you do not want the Department to send you a form next year

Computation of FL Net Income & Emergency Excise Tax

1	Federal taxable income (see instructions) — Attach pages 1 - 4 of federal return	1	-900.
2	State income taxes deducted in computing federal taxable income (attach schedule)	2	
3	Additions to federal taxable income (from Schedule I)	3	
4	Total of Lines 1, 2 and 3	4	-900.
5	Subtractions from federal taxable income (from Schedule II)	5	13,429.
6	Adjusted federal income (Line 4 minus Line 5)	6	-14,329.
7	Florida portion of adjusted federal income (see instructions)	7	-14,329.
8	Nonbusiness income allocated to Florida (from Schedule R)	8	0.
9	Florida exemption	9	0.
10	Florida net income (Line 7 plus Line 8 minus Line 9)	10	0.
11	Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI)	11	0.
12	Credits against the tax (from Schedule V, Line 16)	12	0.
13	Emergency excise tax due (from Schedule A, Line 20)	13	0.
14	Total corporate income/franchise and emergency excise tax due (see instructions)	14	0.
15a	Penalty: F-2220		
	b Other		
c	Interest: F-2220		
	d Other		
	Line 15 Total	15	
16	Total of Lines 14 and 15	16	0.
17	Payment credits: Estimated tax payments	17a	\$
	Tentative tax payment	17b	\$
18	Subtract Line 17 from Line 16. Enter amount due here and on payment coupon. If there is an overpayment, enter on Line 19 and/or Line 20	18	0.
19	Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon	19	
20	Refund: Enter amount of overpayment to be refunded here and on payment coupon	20	

FLCA0512 09/27/06

2006 Florida Corporate Income Tax Return

YEAR ENDING 12/31/2006

INTU

F-1120

R 01/07

Do Not Detach

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name HERGO ENTERPRISES, CORP.

Check here if you transmitted funds electronically

Address 8625 SW 152nd AVENUE # 240

Address

City MIAMI

State FL ZIP Code 33193

900009765	0	0	0
20060101	1342900	0	0
20061231	-1432900	0	0
00000000	.000000	0	0
001	1342900	0	90000
202	0	0	0
-90000	0	0	0
0	0	0	0

ATTACHMENT

20009037
#PC2000011659Form **1120**Department of the Treasury
Internal Revenue Service (77)

U.S. Corporation Income Tax Return

For calendar year 2006 or tax year beginning _____, 2006, ending _____

▶ See separate instructions.

OMB No. 1545-0123

2006

A Check if: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding company (attach Schedule PH) <input type="checkbox"/> 3 Personal service corp (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch M-3) <input type="checkbox"/>		Use IRS label. Otherwise, print or type. Name HERGO ENTERPRISES, CORP. Number, street, and room or suite number. If a P.O. box, see instructions. 8625 SW 152nd AVENUE # 240 City or town state ZIP code MIAMI FL 33193	B Employer identification number 90-0009765 C Date incorporated 01/30/2002 D Total assets (see instructions) \$ 271.
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E Check if:	(1) Initial return	(2) Final return	(3) Name change	(4) Address change
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INCOME	1 a Gross receipts or sales	0.	b Less returns & allowances		c Balance	1c	0.
	2 Cost of goods sold (Schedule A, line 8)					2	
	3 Gross profit. Subtract line 2 from line 1c					3	0.
	4 Dividends (Schedule C, line 19)					4	
	5 Interest					5	
	6 Gross rents					6	
	7 Gross royalties					7	
	8 Capital gain net income (attach Schedule D (Form 1120))					8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	
	10 Other income (see instructions — attach schedule)					10	
	11 Total income. Add lines 3 through 10					11	0.
DEDUCTIONS SEE INSTRUCTIONS	12 Compensation of officers (Schedule E, line 4)					12	
	13 Salaries and wages (less employment credits)					13	
	14 Repairs and maintenance					14	
	15 Bad debts					15	
	16 Rents					16	
	17 Taxes and licenses					17	150.
	18 Interest					18	
	19 Charitable contributions					19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)					20	
	21 Depletion					21	
	22 Advertising					22	
	23 Pension, profit-sharing, etc. plans					23	
	24 Employee benefit programs					24	
	25 Domestic production activities deduction (attach Form 8903)					25	
	26 Other deductions (attach schedule) . See Other Deductions Statement					26	750.
	27 Total deductions. Add lines 12 through 26					27	900.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11					28	-900.
TAX AND PAYMENTS	29 Less: a Net operating loss deduction (see instructions)	29a				29c	
	b Special deductions (Schedule C, line 20)	29b					
	30 Taxable income. Subtract line 29c from line 28 (see instructions)					30	-900.
	31 Total tax (Schedule J, line 10)					31	
	32a 2005 overpayment credited to 2006	32a					
	b 2006 estimated tax payments	32b					
	c 2006 refund applied for on Form 4466	32c					
	d Bal	32d					
	e Tax deposited with Form 7004	32e			0.		
	f Credits: (1) Form 2439 (2) Form 4136	32f					
g Credit for federal telephone excise tax paid (attach Form 8913)	32g				32h	0.	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached					33		
34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed					34		
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid					35	0.	
36 Enter amount from line 35 you want: Credited to 2007 estimated tax					36		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Signature of officer

Date

Title

Paid Preparer's Use Only

Preparer's signature ▶ OSCAR W. GIL

Date

04/03/07

Check if self-employed ☒

Preparer's SSN or PTIN

101-50-7731

Firm's Name (or yours if self-employed), address, and ZIP code

Oscar Gil
19370 Collins Ave, Unit 1024
Sunny Isles Beach FL 33160

EIN

Phone no. (305) 335-7816