

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90176 035 ***150.00

DOCUMENT # P02000045323

1. Entity Name
ORLANDO E. HERRMANN, INC.



Principal Place of Business
**2221 SW 19TH TERRACE
MIAMI, FL 33145**

Mailing Address
**2221 SW 19TH TERRACE
MIAMI, FL 33145**

40069590



2. Principal Place of Business
25290 SW 152nd AVE
Suite, Apt. #, etc.

3. Mailing Address
25290 SW 152nd AVE.
Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
HOMESTEAD, FL.

City & State
HOMESTEAD, FL.

4. FEI Number
01-0695464

Applied For
Not Applicable

Zip
33032

Country
USA

Zip
33032

Country
USA

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

6. Name and Address of Current Registered Agent

**HERRMANN, ORLANDO E
2221 SW 19TH TERRACE
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
HERRMANN, ORLANDO E.
Street Address (P.O. Box Number is Not Acceptable)
25290 SW 152nd AVE.

City
HOMESTEAD FL Zip Code
33032

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]* **ORLANDO E. HERRMANN** **04/24/2006**
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HERRMANN, ORLANDO E**
STREET ADDRESS **2221 SW 19TH TERRACE**
CITY-ST-ZIP **MIAMI, FL 33145**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/V/S/T** ☒ Change ☐ Addition
NAME **HERRMANN, ORLANDO E.**
STREET ADDRESS **25290 SW 152nd AVE.**
CITY-ST-ZIP **HOMESTEAD, FL. 33032**

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

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

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

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

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 all other like empowered.

SIGNATURE: *[Signature]* **ORLANDO E. HERRMANN Pres.** **4/24/06** **(786) 543-9604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #