2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2008 8:00 am Secretary of State 06-04-2008 90007 041 ***150.00

DOCUMENT # P02000073688 1. Entity Name J.J. HERRERA, INC.								
Principal Place of Business	Mailing Address	\neg						
2744 SOMERSET ROAD	2744 SOMERSET ROAD	- (

66015112



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number			Applied For			
20-0000826		[Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional				

05142008

				20-000	00826		Not Applicable
	· ·			5. Certificate	of Status Desired		\$8.75 Additional Fee Required
	8. Name and Address of Current Regis	stared Agent					
HERRERA, JULIO J 2744 SOMERSET ROAD LANTANA, FL 33462		DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the lons of registered agent.				oth, in the State of Flor		
	Signature, typed or provide /figure of regulared agent and obs	e d'approable. (NOTE: Pegisteres	Agent signature	required error remotating)		DATE	
	LE NOWIII FEE 18 \$150,00 ue by September 12, 2008	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance w corporation did r	rith a. 60 not rece	07.193(2)(b), F.S., the live the prior notice.
10.	OFFICERS AND DIRE	CTORS				-	
TITLE NAME STREET ADDRESS CITY-ST-ZP	PVST HERRERA, JULIO J 2744 SOMERSET ROAD LANTANA, FL 33462						
FITE HAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, JULIO J 2744 SOMERSET ROAD LANTANA, FL 33462						
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	Έ
TITLE MAME STREET ADDRESS CLIY-ST-ZIP				iN	THIS SP	AC	E
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE MAME STREET ADDRESS CITY, ST. 789							

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 cooperation or the receiver or trustee ammovemed 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 attackment system and appears, with all other like ampowered.

SIGNATURE: X WO TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR