

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000075512

1. Entity Name  
HERRING IMPORT & EXPORT CONSULTANTS, INC.



Principal Place of Business  
1471 N.W. 45TH STREET  
MIAMI, FL 33142

Mailing Address  
1471 N.W. 45TH STREET  
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3703481  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRING, ALVIN SR.  
1471 N.W. 45TH STREET  
MIAMI, FL 33142

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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

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

000000151677  
05/04/04-80055-012 61.25

10. OFFICERS AND DIRECTORS

TITLE D  
NAME HARRIS, PORTIA S  
STREET ADDRESS 1096 N.W. 59TH STREET FRONT  
CITY-ST-ZIP MIAMI, FL 33127

TITLE D  
NAME HERRING, MARY A  
STREET ADDRESS 1096 N.W. 59TH STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE D  
NAME HERRING, ALVIN  
STREET ADDRESS 1471 N.W. 45TH STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE D  
NAME HERRING, ELLA M  
STREET ADDRESS 1471 N.W. 45TH STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE D  
NAME BROWN, LATOYA M  
STREET ADDRESS 920 N.W. 47TH STREET  
CITY-ST-ZIP MIAMI, FL 33127

TITLE D  
NAME HERRING, JEDIDIAH D  
STREET ADDRESS 2675 N.W. 49TH TERRACE  
CITY-ST-ZIP MIAMI, FL 33142

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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)(i), 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 #

Alvin Herring 4/30/04 305-634-5440