## 2008 FOR PROFIT CORPORATION

SIGNATUR

## **ANNUAL REPORT FILED** Feb 04, 2008 08:00 Al DOCUMENT # P03000019851 1. Entity Name **Secretary of State** GLADYS HERRERA, P.A. Principal Place of Business Mailing Address 16350 SW 11 ST 16350 SW 11 ST PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 CR2E034 (11/05) 01202008 No Chg-P Applied For 4. FEI Number 59-3766370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRERA, GLADYS DO NOT WRITE 16350 SW 11 ST PEMBROKE PINES, FL 33027 IN THIS SPACE 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 | am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HERRERA, GLADYS NAME STREET ADDRESS 16350 SW 11 ST PEMBROKE PINES, FL 33027 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 is