## 2008 FOR PROFIT CORPORATION

## Apr 04, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P03000059793 1. Entity Name HERGOS, INC Principal Place of Business Mailing Address 1510 HYPOLUXO RD 1510 HYPOLUXO RD LANTANA, FL 33462 LANTANA, FL 33462 CR2E034 (11/05) 01192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1593678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JOSE A DO NOT WRITE 1510 HYPOLUXO RD LANTANA, FL 33462 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. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000880758 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 04/15/08-80074-012 150.nn 10. OFFICERS AND DIRECTORS TITLE NAME HERNANDEZ, JOSE A 1510 HYPOLUXO RD STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 TITLE HERNANDEZ, RUTH 1510 HYPOLUXO RD STREET ADDRESS LANTANA, FL 33462 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**