

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000064842

FILED
Aug 07, 2007
Secretary of State

Entity Name: HERRERA CURE HOLDINGS INC.

Current Principal Place of Business:

1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146

New Principal Place of Business:

16051 COLLINS AVENUE
APT: 503
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146

New Mailing Address:

16051 COLLINS AVENUE
APT: 503
SUNNY ISLES BEACH, FL 33160

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROA, JOHN W
1355 ALTON RD.
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOHN W. ROA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CURE, LIGIA
Address: 1500 SAN REMO AVE SUITE 103
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: ROA, JOHN W
Address: 1355 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: CURE, LIGIA 100%
Address: 16051 COLLINS AVENUE APT: 503
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V/D (X) Change () Addition
Name: HERRERA CURE, ROSEMARY LIGIA
Address: 16051 COLLINS AVENUE APT: 503
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: S/D () Change (X) Addition
Name: CARMEN HERRERA CURE, MARIA DEL
Address: 16051 COLLINS AVENUE APT: 503
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIGIA CURE

P/D

08/07/2007

Electronic Signature of Signing Officer or Director

Date