


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90005 038 ***150.00

DOCUMENT # P03000087634
 1. Entity Name
HECTOR HERRERA AND WILMER ACOSTA, INC.



Principal Place of Business Mailing Address
6106 PLAINS DRIVE **6106 PLAINS DRIVE**
LAKE WORTH, FL 33463 US **LAKE WORTH, FL 33463 US**

44046007



2. Principal Place of Business 3. Mailing Address
3100 WALKER AVENUE **3100 WALKER AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03182003 Chg-P CR2E034 (10/03)

City & State City & State
GREENACRES **GREENACRES**
 Zip Country Zip Country
33463 **US** **33463** **US**

4. FEI Number Applied For
20-0142200 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HERRERA, HECTOR G
6106 PLAINS DRIVE
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: Hector G. Herrera (PRES.) DATE: 5/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERRERA, HECTOR G	
STREET ADDRESS	6106 PLAINS DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ACOSTA, WILMER I	
STREET ADDRESS	6106 PLAINS DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Hector Herrera DATE: 5/24/04 DAYTIME PHONE #: 561-255-8170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #