2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 26, 2004 8:00 am Secretary of State 05-26-2004 90005 038 ***150.00

Daytime Phone #

DOCUMENT # P03000087634 1. Entity Name HECTOR HERRERA AND WILMER ACOSTA, INC.							05-26-20	004 90005 038	***150.00	
Principal Place of Business 6106 PLAINS DRIVE LAKE WORTH, FL 33463 US Mailing Address 6106 PLAINS DRIVE LAKE WORTH, FL 33463					S	44	* !046007	i arial (212 1220 2412 111	 	
2. Principal Place of Business 2. ON WAIKER AVENUE 3. Mailing Address 3. WAIKER AVENUE 3. WAIKER 3. WAIKER 3. WAIKER 4. Suite, Apt. #, etc.					HENDE	03182003	Chg-P	CR2E034 (10/0	# STELES II IBEI	
City's State EPEENALIET			City & State ONE NACOUST			4. FEI Numb	0-0142	` '	Applied For Not Applicable	
Zip 33463 Country US			Zip 33463 Countr			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					-Name	7. Name and	Address of New R	egistered Agent		
HERREREA, HECTOR G 6106 PLAINS DRIVE LAKE WORTH, FL: 33463					Street Addre	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 HOLD 6 . THE PURE HOLD SIGNATURE HOLD SIG										
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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 v corporation did	vith s. 607.193(2)(not receive the pri	b), F.S., the or notice.	
10.		OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECT	ORS IN 11	
TITLE !	P HERRER/	A, HECTOR G	☐ Delete	TITLE	: · · · ·			☐ Chan	ge 🗌 Addition	
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CITY-ST-ZIP	VP	PRTH, FL 33463		_	-ST-ZIP					
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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: FLECTOD SELDERO SPETOY 561-255-8170										