

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90058 013 ***150.00

DOCUMENT # P03000095667

1. Entity Name

HERPIN CARE, CORP.



Principal Place of Business

1301 WEST 78 TERRACE
HIALEAH FL 33014

Mailing Address

1301 WEST 78 TERRACE
HIALEAH FL 33014

2. Principal Place of Business

7521 W. 30 Lane

3. Mailing Address

1301 W. 78 TERR

Suite, Apt. #, etc.

Hialeah, FL

Suite, Apt. #, etc.

Hialeah, FL

City & State

Hialeah, Florida

City & State

Hialeah, FL

Zip

33018

Country

USA

Zip

33014

Country

USA

4. FEI Number

770607448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JUSTO
1301 WEST 78 TERRACE
HIALEAH FL 33014

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

Justo Hernandez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HERNANDEZ, JUSTO
STREET ADDRESS 1301 WEST 78 TERRACE
CITY-ST-ZIP HIALEAH FL 33014

TITLE V ☐ Delete
NAME PINO, YVETTE
STREET ADDRESS 1301 WEST 78 TERRACE
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Justo Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/04 305-331-7150

Daytime Phone #