2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072669

ALTENOR, WESLEY

ORLANDO, FL 32808

ALTENOR, WETZER

ORLANDO, FL 32808

4823 SILVER STAR RD SUITE 130

() Delete

4823 SILVER STAR RD SUITE 130

Name:

Title:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

Entity Name: HERBA CORPS INC

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4823 SILVER STAR RD SUITE 130 ORLANDO, FL 32808 **Current Mailing Address: New Mailing Address:** 4823 SILVER STAR RD SUITE 130 ORLANDO, FL 32808 FEI Number: 20-1081608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. ANTHONY-SMITH LAW, P.A. 1840 SW 22ND ST. 6000 METROWEST BLVD. 4TH FLOOR MIAMI, FL 33145 US ORLANDO, FL 32835 US 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: CORETTA ANTHONY-SMITH 04/17/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALTENOR, WILKEN Name: Name: 4823 SILVER STAR RD SUITE 130 Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: VD Title: Title: () Delete () Change () Addition Name: ALTENOR, EVANS Name: 4823 SILVER STAR RD SUITE 130 Address: Address: ORLANDO, FL 32808 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition AGUSTAVE, MICHEAL Name: Name: 4823 SILVER STAR RD SUITE 130 Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: WETZER ALTENOR D 04/17/2009

() Change () Addition