


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90038 025 ***150.00

DOCUMENT # P06000035384	
1. Entity Name LA HERENCIA, INC.	

Principal Place of Business 4 AVILES STREET ST AUGUSTINE, FL 32084	Mailing Address 2116 WOODSTOCK AVENUE ST AUGUSTINE, FL 32084
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5107 DATIL PEPPER Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. AUGUSTINE, FL.	
Zip 32086	Country	Zip 32086	Country ST. JOHNS



01172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HERRERO, MANUEL 2116 WOODSTOCK AVE ST AUGUSTINE, FL 32084	
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4. FEI Number 56-2565176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 *Manuel Herrero* **Manuel Herrero** 1/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERO, MANUEL 4 AVILES STREET ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERRERO, DEBORA J 4 AVILES STREET ST AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Manuel Herrero* **Manuel Herrero** 1/17/07 904-829-9487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #