

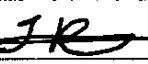


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90292 046 \*\*\*150.00

<b>DOCUMENT # P32886</b> 1. Entity Name <b>HERMAN SIROTA ENTERPRISES, INC.</b>					
Principal Place of Business <b>5032 SOUTHWEST 149TH TERRACE DAVIE, FL 33331</b>			Mailing Address <b>106 S MAIN STREET VERSAILLES, KY 40383</b>		
2. Principal Place of Business <b>1080 Briar Ridge Road</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Weston, FL</b>		City & State			
Zip <b>33327</b>	Country	Zip	Country	4. FEI Number <b>61-0932233</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SIROTA, HERMAN 5032 SOUTHWEST 149TH TERR FORT LAUDERDALE, FL 33331</b>				7. Name and Address of New Registered Agent Name <b>Sirota, Herman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1080 Briar Ridge Road</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33327</b>	
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  <b>Herman Sirota, President</b> <b>April 20, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>SIROTA, HERMAN</b> <b>5032 SOUTHWEST 149TH TERRACE</b> <b>DAVIE, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SIROTA, ROBERT</b> <b>16691 SOUTH WEST 49TH STREET</b> <b>SOUTHWEST RANCHES, FL 33331</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>Sirota, Herman</b> <b>1080 Briar Ridge Road</b> <b>Weston, FL 33327</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SIROTA, ROBERT</b> <b>16691 SOUTH WEST 49TH STREET</b> <b>SOUTHWEST RANCHES, FL 33331</b>	<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 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:  <b>Herman Sirota, President</b> <b>April 20, 2005</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					