## 08:00 AM State

ANNUAL REPORT					Secretary of St		
DOCU	MENT # P32886				Sec	retary of St	
1. Entity Name HERMAN SIROTA ENTERPRISES, INC.							
Principal Plac	e of Business N	Mailing Address		1			
1080 BRIAR Weston, Fl		106 S MAIN STREET Versailles, ky 40383					
<del></del>							
_				07242006	No Chg-P CR2	E034 (11/05)	
Ľ	O NOT WRITE I	CE	4. FEI Number Applied For				
				61-093		Not Applicable \$8.75 Additional	
			<u></u>	5. Certificate	e of Status Desired	Fee Required	
SIROTA, HERMAN 1080 BRIAR RIDGE ROAD WESTON, FL 33327			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or register	red agent, or bo	oth, in the State of Florida. I a	ım familiar with, and accept	
SIGNATURE.	Herman S	irota, President	<b>:</b>			July 24, 2006	
	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registere	d Agent signatura required	when rainstating)	DAT	E	
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006		.00 May Be led to Fees	In accordance with s. 6 corporation did not rec			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME	PS SIROTA, HERMAN		l				
STREET ADDRESS	1080 BRIAR RIDGE ROAD				Unnagaran	ነጦ ተ ነግ	
CITY-ST-ZIP	WESTON, FL 33327		1		000000572 07/28/06-800		
TATLE	SD SUPERIA DODGET				ليقلطنا المقالية والمتاسن والاست	البالية واستنسيق السائية ليا الدا	
NAME STREET ADDRESS	SIROTA, ROBERT 16691 SOUTH WEST 49TH STREET						
CITY - ST-ZIP	SOUTHWEST RANCHES, FL 33331						
TITLE	,		1				
NAME			1			4	

## DO NOT WRITE IN THIS SPACE

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.

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			JK	

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-Z(P TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herman Sirota, President

July 24, 2006

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