


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P92000011480 | |  |
| 1. Entity Name HERMEIDON INTERNATIONAL, INCORPORATED | | |
| Principal Place of Business 8093 NW 67TH STREET MIAMI, FL 33166 US | Mailing Address P O BOX 521121 MIAMI, FL 33152-1121 US | |
| DO NOT WRITE IN THIS SPACE | | |
| 5. Name and Address of Current Registered Agent HERRERA, JAVIER 100 LINCOLN DRIVE #1211A MIAMI, FL 33139 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ (NOTE: Registered Agent signature required when retitling) _____ DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HERRERA, JAVIER 100 LINCOLN RD. APT 1211A MIAMI, FL 33139 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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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: _____ 04/14/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | |



04082004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0364869 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

U000000116909
04/16/04-80083-024 150.00

**DO NOT WRITE
IN THIS SPACE**