

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90001 012 ***150.00

DOCUMENT # P92000014056

1. Entity Name
HERBACOEY NATURAL PRODUCTS, INC.



Principal Place of Business

**6714 NW 72ND AVE
SUITE 204
MIAMI, FL 33136 US**

Mailing Address

**6714 NW 72ND AVE
SUITE 204
MIAMI, FL 33166 US**

54062339



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0376391** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAUL GONZALES
6861 SW 147 AVENUE 38
MIAMI, FL 33186**

**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

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GONZALES, PAUL RAUL**
STREET ADDRESS **6861 S.W. 147 AVE #3B**
CITY-ST-ZIP **MIAMI BEACH, FL 33186**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04
Date

(305) 884-6818
Daytime Phone #