

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90084 029 ***150.00

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1. Entity Name
HERKAZA CORP.



Principal Place of Business
520 BRICKELL KEY DR #0-305
MIAMI, FL 33131

Mailing Address
520 BRICKELL KEY DR #0-305
MIAMI, FL 33131

40020086



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0400363

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATORS, LLC
520 BRICKELL KEY DR 30-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Transglobal Corporate Administration LLC
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Dr Ste 0-305

City Miami FL Zip Code 33131

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 remitting)

DATE

2/15/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME IRIONDO, ANDRES
STREET ADDRESS 901 PONCE DE LEON BLVD, STE 501
CITY-ST-ZIP CORAL GABLES, FL 33434

TITLE VSD ☐ Delete
NAME HERNANDEZ, TULIO E
STREET ADDRESS 520 BRICKELL KEY DR #0-305
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS ☐ Delete
NAME FREEMAN, STEPHEN
STREET ADDRESS 901 PONCE DE LEON BLVD, STE 501
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

TULIO HERNANDEZ

02/03/06 305-3743800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #