

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000028156

1. Entity Name
HERE AFTER INC.



Principal Place of Business
622 NE 72 ST
MIAMI, FL 33138

Mailing Address
622 NE 72 ST
MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

% F 5 / , , , , . 4 - 1 2 F &

01212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0411299

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, H T
1017 NW 9 CT
MIAMI, FL 33136

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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 registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME PONSO, DEANA LEE
STREET ADDRESS 622 NE 72 ST
CITY-ST-ZIP MIAMI, FL 33138

TITLE D
NAME KERSHAW, JOSEPH L JR
STREET ADDRESS 622 NE 72 ST
CITY-ST-ZIP MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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01/26/04-800009-014 150.00

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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)(f), 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 fee empowered.

SIGNATURE: Deana Lee Ponso 1/21/04 305 751 9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #