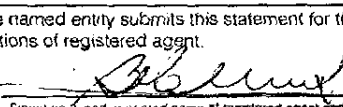


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000032818 1. Entity Name HERSO'S CORPORATION					
Principal Place of Business 1131 SORRENTO DRIVE FT. LAUDERDALE FL 33326			Mailing Address 7098 BONITA DRIVE MIAMI BEACH FL 33141		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0399755	
5. Certificate of Status Desired ☒		1st MOORE CR2E034 (10/05)			
5. Name and Address of Current Registered Agent HERRERA, BENJAMIN 1131 SORRENTO DRIVE FT. LAUDERDALE FL 33326				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
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 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HERRERA, BENJAMIN STREET ADDRESS 1131 SORRENTO DRIVE CITY-ST-ZIP FT. LAUDERDALE FL 33326				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD NAME HERRERA, MARIA G STREET ADDRESS 1131 SORRENTO DRIVE CITY-ST-ZIP FT. LAUDERDALE FL 33326				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if