

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000063409

1. Entity Name
E.S./HERN, INC.



Principal Place of Business
10 EDGEWATER DRIVE
SUITE 11E
CORAL GABLES, FL 33133

Mailing Address
C/O THERREL BAISDEN, P.A.
ONE SE THIRD AVENUE, #2400
MIAMI, FL 33131 US



01142004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0442637

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, ELLEN
ONE SE THIRD AVE
SUITE 2400
MIAMI, FL 33131

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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

Signature, typed or printed name of registered agent and title if applicable.

(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

U00000031219
02/04/04-80138-023 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STRAWGATE, PAT
10 EDGEWATER DR., #11E
CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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:

Patricia Strawgate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

Date Daytime Phone #