


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90108 022 ***150.00

DOCUMENT # P96000025068	
1. Entity Name HERBSEL CORP.	

Principal Place of Business 7290 SW 113 ST. MIAMI, FL 33156	Mailing Address 201 ALHAMBRA CIRCLE STE 503 CORAL GABLES, FL 33134
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2. Principal Place of Business 12810 SW 70 Avenue	3. Mailing Address 12810 SW 70 Avenue
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
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Zip 33156	Country USA	Zip 33156	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PERLIN, BRIAN C 334 MINORCA AVE SUITE 200 CORAL GABLES, FL 33134	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
201 Alhambra Circle, #503	
City	Zip Code
Coral Gables	FL 33134

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 *R. Perlman* DATE 3/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLIN, BRIAN C 334 MINORCA AVE SUITE 200 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Jonathan D. Baumgard 12810 SW 70 Avenue Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMGARD, HERBERT M 7920 SW 113 ST MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Daniel Louis Baumgard 12780 SW 71 Avenue Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Shira Beth Baumgard Garvett 7541 SW 114 Street Miami, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jonathan D. Baumgard* DATE 3/12/06 DAYTIME PHONE # 305 2388853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50002605



03072006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0689937	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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