


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000008145 1. Entity Name E. HERRAN FAMILY CORPORATION	
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Principal Place of Business 14020 S.W. 36 STREET MIAMI, FL 33175	Mailing Address 14020 S.W. 36 STREET MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0727537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
 283 CATALONIA AVE
 2ND FLOOR
 CORAL GABLES, FL 33134

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, EZEQUIEL 14020 S.W. 36 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, NANCY 14020 S.W. 36 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, VIVIAN 14020 S.W. 36 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRAN, JAVIER 14020 S.W. 36 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/27/08-80029-004 150.00

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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:  **2-8-08** **305 559-3731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #