


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000044272							
1. Entity Name HERBAL INTERNATIONAL CORPORATION							
Principal Place of Business		Mailing Address					
3326 MARY STREET STE 603 COCONUT GROVE FL 33133 US		3326 MARY ST STE 603 COCONUT GROVE FL 33133 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		4. FEI Number			
Zip		Country		65-0626300			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD. SUITE 300 MIAMI FL 33131			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DIAZ, JOSE		NAME				
STREET ADDRESS	13783 SOUTHWEST 66TH ST., SUITE 219		STREET ADDRESS				
CITY- ST- ZIP	MIAMI FL 33183		CITY- ST- ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NARANJO, EDUARDO		NAME				
STREET ADDRESS	13783 SOUTHWEST 66TH ST., SUITE 219		STREET ADDRESS				
CITY- ST- ZIP	MIAMI FL 33183		CITY- ST- ZIP				
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1st MOORE CR2E034 (10/04)

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SUITE 300
MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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01/26/05-80038-025 150.00

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 like empowered.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ DAYTIME PHONE # _____