

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000104984 1. Entity Name PRO-CHEMICALS USA CORP.	
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Principal Place of Business 7571 NW 82 ST MIAMI, FL 33166	Mailing Address 7575 NW 82 ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0804659	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERRERO, ENRIQUE JR
7575 NW 82 ST
MIAMI, FL 33166

**DO NOT WRITE
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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD HERRERO, ENRIQUE JR 7575 NW 82 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERO, BIBIANA 7575 NW 82 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERO, MIRIAM 7575 NW 82 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRERO, GABRIEL 7575 NW 82 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRERO, ANDRES 7575 NW 82 ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/22/07-80002-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #