2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 23, 2004 8:00 am Secretary of State DOCUMENT # P99000048930 1. Entity Name 08-23-2004 90014 024 ***150.00 HEREFORD, INC. Principal Place of Business Mailing Address 1428 BRICKELL AVE., 8TH FLOOR ~ 4 4 4 4 4 4 4 4 4 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business RAGAN + FREEMAN LLP Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 400 MADISON HVENUE Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Country USA Zip \$8.75 Additional Country 5. Certificate of Status Desired 10017-1909 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANASTER, JOSHUA D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. DIRECTOR AND PRESIDENT Change Delete TITLE ☐ Addition THOMAS C. RABAN MANASTER, JOSHUA D ESQ. NAME RAGAN + FREEHAN LLP STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVE., 8TH FLOOR -100 11 ADISON Avenue, New York, NJ WOIT-1909 SELECTARY Change Addition CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP SELLETARY ☐ Delete TITLE HE FREENAN NAME RAGON + FREEMAN LLP STREET ADDRESS STREET ADDRESS 100 MADISON AVENUE, NEW YOCK, NY 10017-1909 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

THUMAS C. RAGAN, PE NTED NAME OF SIGNING OFFICER OR DIRECTOR FILED