

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90085 004 \*\*\*150.00

<b>DOCUMENT # P99000048930</b>			
1. Entity Name <b>HEREFORD, INC.</b>			
Principal Place of Business <b>1428 BRICKELL AVE., 8TH FLOOR MIAMI, FL 33131</b>		Mailing Address <b>RAGAN &amp; FREEMAN LLP 400 MADISON AVENUE NEW YORK, NY 10017-1909</b>	
2. Principal Place of Business <b>UNIT 4505, Tower of Key Biscayne</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>1121 CRANDON BOULEVARD</b>		Suite, Apt. #, etc.	
City & State <b>Key Biscayne, FL</b>		City & State	
Zip <b>33149</b>		Country	

**50005343**



01052005 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MANASTER, JOSHUA D ESQ. 1428 BRICKELL AVE., 8TH FLOOR MIAMI, FL 33131</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RAGAN, THOMAS C RAGAN & FREEMAN, 400 MADISON AVE NEW YORK, NY 10017-1909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary H.B. Freeman RAGAN & FREEMAN LLP, 400 Madison Avenue New York, NY 10017-1909 <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
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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 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.

SIGNATURE:  PRESIDENT Date: **1/6/05** (212) 204-3505 Daytime Phone #