2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P99000048930



FILED Mar 10, 2003 8:00 am Secretary of State

HEREFORD, INC.							03-10-2003 90724 004 ***150.00					
Principal Place of Business 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131				Mailing Address 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131			1188481	ol il ë (b ije peri) engi e		S .		
2. Principal	I Place of Busin	ess	3. Ma	iling Address	74		_					
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.			-						
City & St	tate		City & State			4. FEI Number NOT Applied For						
Zip Country		Country	Zip		Count	try		NOT APPLI	CABLE		Not Applicable	
	6 Namo	6. Name and Address of Currer				····		f Status Desired	Fee Re		Additional equired	
<u> </u>	_o. Ivaine	and Address of Current	Register	ed Agent			7. Name and A	ddress of New R	egistered	Agent		
MANAS	TER, JOSHUA	n Eso				Name		•				
	RICKELL AVE.					Street Address ((P.O. Box Number	is Not Acceptable)			
MINNI L	L 33131				}	City				Zip Co	do.	
8. The abov	re named entity ations of registe	submits this statement for red agent.	the purp	ose of changing its	s registere	d office or register	red agent, or both,	in the State of Flor	FL ida. I am			
SIGNATURE	:	_										
		printed name of registered agent a	nd title if app	licable. (NOT	E: Registered	Agent signature required	when reinstating)		DATE			
Afte Make Chec	er May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	State				9. Elect Trust	on Campaign Fina Fund Contribution	ancing	\$5.0 Adde	00 May Be of to Fees	
10.	·	OFFICERS AND D	DIRECTO	RS	11.		ADDITIONS/CH	ANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANASTER 1428 BRICH MIAMI FL 3	I, JOSHUA D ESQ. KELL AVE., 8TH FLOOI 3131	R	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP		***************************************	<u> </u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	. ,	,	<u>-</u> -	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		سري . ي نديسه مدو	· - ·	□ · Delete	TITLE - NAME STREET CITY-ST	ADDRESS T-ZIP	The state of state		-	Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		,	☐ Delete	TITLE NAME STREET A	ADDRESS 1-ZIP	•			Change	☐ Addition	
ITLE IAME STREET ADDRESS STY-ST-ZIP				☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP		;	7	Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	i.			☐ Delete	TITLE NAME STREET A					Change	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 changed, or on an attachment with abadyress with all other like empowered.

SIGNATURE: