2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # S28735 1. Entity Name 04-19-2004 90258 049 ***150.00 HERMAN INVESTMENTS, INC. Principal Place of Business Mailing Address 1542 NE QUAYSIDE TERRACE MIAMI FL 33138 1542 NE QUAYSIDE TERRACE みしりひひひん MIAMI FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 65-0271862 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, MICHAEL DEAN Street Address (P.O. Box Number is Not Acceptable) 930 WASHINGTON AVE 4TH FLOOR MIAMI BEACH FL 33139 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 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME HERMAN, PAUL NAME STREET ADDRESS 1542 NE QUAYSIDE TERRACE STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HERMAN, SUSAN NAME NAME 1542 NE QUAYSIDE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Change Change ■ Addition ZUCHERMAN, ROBERT 16855 N.E. 2 Nº AVE. #3028 NAME ZUCKERMAN, ROBERT NAME STREET ADDRESS 323 IVES DAIRY RD. #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 N. MIAMI BEACH, FL. 33162. ☐ Delete TITLE TITLE ☐ Addition REYNOLDS, LAURIE 16855 N.E. 2 MQ AVE. # 3026 REYNOLDS, LAURIE NAME NAME 134 PRESTIGE DR STREET ADDRESS STREET ADDRESS **ROYAL PALM BEACH FL 33411** CITY-ST-7IP CITY-ST-7IP N. MIAMI BEACH, Fr. 33162 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TILE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eport 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

dress, with all other like empowered.

MENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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changed, or on an attack

SIGNATURE

FILED