2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S42484

1. Entity Name
HERSAN TRADING CO.

Principal Place of Business	Mailing Address
3396 N.W. 78TH AVE. MIAMI, FL 33122	3396 N.W. 78TH AVE. MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0258797
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ONTENIENT, JOAQUIN
3396 NW 78 AVE
MIAMI, FL 33122

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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's 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	S
NAME	SEMPERE, FRANCISCO
STREET ADDRESS	3396 N.W. 78 AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	V
NAME	SEMPERE-ONTENIENT, MARIA
STREET ADDRESS	3396 NW 78 AVE.
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	P
NAME	ONTENIENT, JOAQUIN
STREET ADDRESS	3396 N.W. 78TH AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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] MARIA SEMPERE ONTENIENT (305) 469-7122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/8/07 Daytime Phone # (305) 592-