

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # S45204 1. Entity Name HERME ENTERPRISES, INC.			
Principal Place of Business 633 KEY DEER COURT APOPKA, FL 32703		Mailing Address 633 KEY DEER COURT APOPKA, FL 32703 US	
DO NOT WRITE IN THIS SPACE			
			
		08052004 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3063477		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLAQUER, ROMEO 633 KEY DEER COURT APOPKA, FL 32703		DO NOT WRITE IN THIS SPACE	
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 _____			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLAQUER, HERMINIA 633 KEY DEER COURT APOPKA, FL 32703		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLAQUER, ROMEO 633 KEY DEER CT APOPKA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONTAS, JOSE ALFREDO 633 KEY DEER CT APOPKA, FL 32703		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: <i>X Romeo Flaquer</i>		8-5-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	