


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # F41063**  
 1. Entity Name  
**EARNEST & ASSOCIATES, INC.**



Principal Place of Business  
**1526 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134**

Mailing Address  
**1526 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2115146</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EARNEST, WALTER G, JR  
 1526 PONCE DE LEON BLVD.  
 CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000913377  
 05/08/08-80013-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EARNEST, WALTER G, JR 5821 SW 89TH PL MIAMI, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, RAFAEL 30 NW 87 AVE #201 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOREMAN, TIM 10650 SW 77 COURT PINECREST, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Walter G. Earnest Jr* **WALTER G. EARNEST JR.** 1/10/08 305-445-8511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #