2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State
03-07-2005 90257 007 ***150.00

DOCUMENT # P04000058826

1. Entity Name

ELBA HERNANDEZ, P.A.

Principal Place of Business	Mailing Address
12645 SE 93RD PLACE MIAMI FL 33176	12645 SE 93RD PLACE MIAMI FL 33176

1st MOORE CR2E034 (10/04)

2. Principal Place of Business: 13751 SW 152 ST	3. Mailing Address: 10 ARAGON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 902
City & State: MIAMI, FL	City & State: CORAL Gables, FL
Zip: 33177 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 743722602 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ELBA
12645 SE 93RD PLACE
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: ELBA G. HERNANDEZ, P.A.
Street Address (P.O. Box Number is Not Acceptable): 10 ARAGON AV. SUITE 902
City: Coral Gables FL Zip Code: 33134

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] DATE: 2/24/05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ELBA	NAME	
STREET ADDRESS	12645 SE 93RD PLACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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] 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #