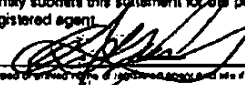
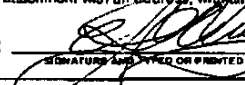


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 12645 SE 93RD PLACE MIAMI FL 33176		Mailing Address 12645 SE 93RD PLACE MIAMI FL 33176	
2. Principal Place of Business 13751 SW 152 ST Suite, Apt. #, etc.		3. Mailing Address 10 ARAGON AVENUE Suite, Apt. #, etc. 902	
City & State MIAMI FL		City & State CORAL GABLES FL	
Zip 33177		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 B. 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 		DATE 2/24/05	
NOTE: Registered Agent signature required when re-issuing.			
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 BY 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ELBA 12645 SE 93RD PLACE MIAMI FL 33176 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		DATE 4/19/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	