
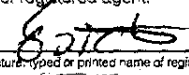
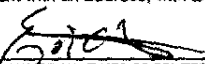


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000025822					
1. Entity Name HERNANDEZ TILE SERVICES INC.					
Principal Place of Business 14471 SW 50 LN. MIAMI, FL 33175		Mailing Address 14471 SW 50 LN. MIAMI, FL 33175			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
HERNANDEZ, ERIC 14471 SW 50 LN. MIAMI, FL 33175		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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's Signature required when resigning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, ERIC	NAME			
STREET ADDRESS	14471 S.W. 50TH LANE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP			
TITLE	TDVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, ONELIO I	NAME			
STREET ADDRESS	14431 SW 50 LANE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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		Daytime Phone #	
Signature and typed or printed name of signing officer or director					



D2112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0913447 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

02/17/05-80037-016 150.00