## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## FILED Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # 466468** 1. Entity Name **HERNANDEZ & SON CORPORATION** Principal Place of Business Mailing Address 344 W. 65TH STREET 344 W. 65TH STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-1575831 Not Applicable Zιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent эĒ. HERNANDEZ, DANIEL Street Address (P.O. Box Number is Not Acceptable) 344 WEST 65TH STREET HIALEAH FL 33012 City Zip Code 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. Ø. SIGNATURE 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 \_\_\_\_ 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition HERNANDEZ, DANIEL NAME NAME H00000044038 5855 W. 3 LANEIEL STREET ADDRESS STREET ADDRESS 02/11/04-80005-023 150.08 CITY - SY-ZIP HIALEAH FL CITY - ST - 2IP MLE Delete TITLE Change Addition NAME MAKAF 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 T Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - Z:P 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 filling 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