


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G13230
 1. Entity Name
DAVID HERNANDEZ FINANCIAL SERVICES INC.



Principal Place of Business 111 BULLARD PARK WAY STE. 211 TEMPLE TERRACE, FL 33617 US	Mailing Address 111 BULLARD PARKWAY STE. 211 TEMPLE TERRACE, FL 33617 US
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2237825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, DAVID J.
 111 BULLARD PARKWAY
 STE. 211
 TEMPLE TERRACE, FL 33617**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

1000000277201
 03/26/05-80019-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, DAVID J 111 BULLARD PARK WAY #211 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, IRENE 111 BULLARD PARK WAY #211 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT GROENE, CHANTELE 111 BULLARD PARK WAY #211 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, DAVID K 111 BULLARD PARK WAY #211 TAMPA, FL
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 exemption stated in Section 119.07(3)(f), 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: *David Hernandez* **DAVID J. HERNANDEZ PRES.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **2-24-05 88-9892397**

Date _____ Daytime Phone # _____