2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

03-16-2005 90047 015 ***150.00

66010085

02172005 Chg-P CR2E034 (10/03)

DOCUMENT # K10769

1. Entity Name
ARTURO V. HERNANDEZ, P.A.

Principal Place of Business	Mailing Address
2222 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134	2222 PONCE DE LEON BLVD. SUITE 500 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
9100 S. Dadeland Blvd.	Same
Suite, Apt. #, etc. 1100	Suite, Apt. #, etc.
City & State Miami, Fl	City & State
Zip 33156 / Country Miami-Dade	Zip / Country

4. FEI Number 06-5022289 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CABRERA, RAUL D.
4201 SW 11TH ST
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name: Arturo V. Hernandez, P.A.
Street Address (P.O. Box Number Is Not Acceptable): 9100 S. Dadeland Blvd., Suite 1100
City: Miami FL Zip Code: 33156

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] Arturo V. Hernandez President 4/12/05
Signature, typed or printed name of registered agent and title if applicable. (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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ, ARTURO V. 2222 PONCE DE LEON BLVD STE 500 CORAL GABLES, FL 33134	☐ Delete	Arturo V. Hernandez 9100 S. Dadeland Blvd. Suite 1100 Miami, FL 33156	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 all address, with all other like empowered.

SIGNATURE: [signature] Arturo V. Hernandez 3-10-05 (305) 670-3433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #