2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 24, 2006 08:00 AM Secretary of State **DOCUMENT # P01000025623** HERNANDEZ HOME IMPROVEMENTS, INC. Principal Place of Business Mailing Address 1300 SW 74 CT 1300 SW 74 CT MIAMI, FL 33144 MIAMI, FL 33144 04202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086128 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, HUMBERTO DO NOT WRITE 600 SW 73 CT MIAMI, FL 33144 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) U00000528041 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/05/06-80020-013 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HERNANDEZ, HUMBERTO NAME 600 SW 73 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33144 7171.E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP mr

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 palighter like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

305-496-0459

Daytime Phone #