## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT # P01000044729  1. Entity Name FERNANDEZ, INC.				Secretary of State			
Principal Place of Business 8201 NW 66TH STREET SUITE 4 MIAMI, FL 33166		Mailing Address 8201 NW 66TH STREET SUITE 4 MIAMI, FL 33166			Barr Hen well ben gbun	altu aperi etati (esci	tinea sassupp 26 Pamp
				01182006 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPA			CE	4. FEI Number   Applied For   65-1099977   Not Applicable			
Name and Address of Current Registered Agent				5. Certificate	of Status Desired		5 Additional equired
FERNANDEZ, ANA MARIA 8201 NW 66TH STREET SUITE 4 MIAMI, FL 33168				·····a.visi essa berisi pedi.	NOT W		
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	ed office at register	red agent, or bo	th, in the State of Flo	rida, fam familia	( with, and accept
SIGNATURE_	Signature, hoped or printed name of registered agent an	d title if approache. PACTE: Registere	d figent eignature imquired	d when remetaling)		DATE	<del></del>
FILE NOWIN FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.				.00 May Ba led to Fees	. 13 m	te i kan ing jera ni kan ing perkepatan	१८८२ । १८ ५ १६ १ - १९६४ ६ ६४५५ १६६ १९ असम्बद्धाः दश्चर
10.	OFFICERS AND D	IRECTORS		Tay 10 14			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZP	PVST FERNANDEZ, ANA MARIA 8201 NW 66TH STREET SUITE 4 MIAMI, FL 33166						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D FERNANDEZ, ANA MARIA 8201 NW 66TH STREET SUITE 4 MIAMI, FL 33168			to more ordered i i i i i i i i i i i i i	11371)E	418040 60082-00	1 150.00
TITLE , NAME ; STREET ADDRESS CITY-SI-ZIP				DO	NOT W	RITE	The Control of the Co
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SF	ACE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP	}			e de grane se.	and the section of th		
THILE NAME STREET ADDRESS CITY-ST-ZP		200 S.		A TOTAL STATE			
12. I hereby indicated of the co-	certify that the information supplied with I on this report of supplemental report is regardion or the receiver of frustee empor , or on an attachment with an address, w	his filing does not qualify for the extrust and accurate and that my significated to execute this report as required to the first ampowered.	temptions containe ature shall have the lired by Chapter 60	d in Chapter 11 same legal effe 17, Florida Statut	9, Florida Statutes. to ct as if made under des; and that my name.	further certify the path; that I am an a appears in Bloo	at the information officer or director ik 10 or Block 11 if

MONATURE AND TIPED ON PROTECT ON MANE OF SIGNING OFFICER OR DIRECTOR

10/06