
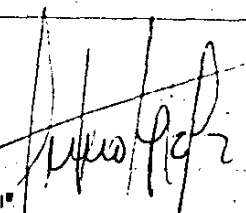


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90238 012 ***150.00

DOCUMENT # P01000075283			
1. Entity Name ARTURO "ART" HERNANDEZ, P.A.			
Principal Place of Business ARTURO "ART" HERNANDEZ, P.A. 359 S. Coconut Palm Boulevard Tavernier, Florida 33070		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc		Suits, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied Fee Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTURO F HERNANDEZ 359 S. Coconut PALM Boulevard Tavernier, Florida 33070		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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.			
SIGNATURE _____		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE INSTRUCTIONS)	
NAME	Arturo F Hernandez <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	359 S. Coconut Palm Boulevard	STREET ADDRESS	
CITY-STATE-ZIP	Tavernier, Florida 33070	CITY-STATE-ZIP	

ARTURO 'ART' HERNANDEZ, P.A.		1336	
P O BOX 1595 ISLAMORADA, FL 33036		DATE February 09, 2004	
PAY TO THE ORDER OF SECRETARY OF STATE (Division of Corporation)		\$ 150.00	
ONE HUNDRED FIFTY DOLLARS AND 00/100		DOLLARS	
FOR Annual Report Document No.			
MICR LINE: ⑈001336⑈ ⑆067000438⑆ ⑆200100030⑆			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 file this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 10 or Block 11 of this report, or on an attachment with an address, with all signatures empowered.

SIGNATURE: _____ DATE: **04/26/04** (305)664-4470

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR