

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000104734 1. Entity Name HERNANDEZ & COMPANY, P.A.					
Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 720 CORAL GABLES, FL 33134			Mailing Address 255 ALHAMBRA CIRCLE, SUITE 720 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1149218	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, ARMANDO 255 ALHAMBRA CIRCLE, SUITE 720 CORAL GABLES, FL 33134			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERNANDEZ, ARMANDO 255 ALHAMBRA CIRCLE, SUITE 720 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000600217 01/25/07-80058-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					