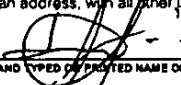


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**2. Apr 30, 2007 8:00 am
Secretary of State**

02-08-2007 90052 009 ***150.00

DOCUMENT # P02000030935		
1. Entity Name HERNANDEZ POOL SERVICES, INC.		
Principal Place of Business 10201 SW 13 ST MIAMI, FL 33174	Mailing Address 10201 SW 13 ST MIAMI, FL 33174	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HERNANDEZ, JUAN C 10201 SW 13 ST MIAMI, FL 33174		DO NOT WRITE 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 _____ 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, JUAN C 10201 SW 13 STREET MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARCIA, MARIA D 10201 SW 13 STREET MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		Date: <u>4/27/07</u> Daytime Phone: _____



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3640254	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	