2004 FOR PROFIT CORPORATION

FILED Apr 21, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000065078** 1. Entity Name LAW OFFICES OF ALEX HERNANDEZ, P.A. Principal Place of Business 15545 MIAMI LAKEWAY N 15545 MIAMI LAKEWAY N 204 204 MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 04022004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0710822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HERNANDEZ, ALEX DO NOT WRITE 15545 MIAMI LAKEWAY N. MIAMI LAKES, FL 33014 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 register HESTANDES typed or printed name of registered agent and title if applicable ununan 123334 \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 04/21/04-80065-022 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HERNANDEZ, ALEX 15545 MIAMI LAKEWAY N. #204 STREET ADDRESS C#1Y-\$1-Z#P MIAMI LAKES, FL 33014 THE 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-ZP TOTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), 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 it 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:

STREET ADDRESS CXXY-SX-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR