2004 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P02000080011  1. Entity Name F.R.H. & ASSOCIATES, INC					O4 OCT 15 AM 8: 00					
Principal Place of Business 6856 SW 22 STREET MIAMI, FL		Mailing Address 6856 SW 22 STREET MIAMI, FL			1	Ja 1168 paik bajik bajik bajik			<b>8</b> 8 1 11 1 <b>1 11 1</b>	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09302004	Chg-P	CR2E00	34 (10/03)	MRI	
City & State		City & State			4. FEI Number 52-23678	312	·	<u> </u>	olied For Applicable	
ZipCountry		Zip			5. Certificate of			\$8.75 Addi ee Required		
6. Name and Address of Current Registered Agent Na					7. Name and Address of New Registered Agent					
NUNEZ, LOURDES 1839 SW 27 AVE MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)						
l				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 refinstating)  DATE										
FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ded to Fees	•				
10.	OFFICERS AND I		11,		ADDITIONS/CI	HANGES TO OFFI	CERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, FELIX 6856 SW 22 STREET MIAMI, FL	☐ Delète	1	<b>I</b>	•		•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY=ST-ZIP*	T SOCORRO, BLANCA 6856 S.W. 22 ST. MIAMI, FL 33155	☐ Delete		1			- 1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, ROBERTO 215 HESLEY AVE. FAYETTEVILLE, WV 25840	☐ Delete		- 1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, RAUL 190 ERIC DR. NAPLES, FL 34110	☐ Delete		i i	20 10/15	0 <b>0041</b> : /040110:	909 5010	Change 792 **150	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .		4				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sedify that the information supplied with	□ Delete	STRE	EET ADDRESS		Elorido Statuta	L further a	Change	Addition	

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

Felix Hernando, Pros

11 04(305)267-1889

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## F.R.H & Associates Inc 6856 S.W. 22 Street Miami, Florida

October 11, 2004
Department of State
State of Florida
PO Box 6327
Tallahassee, FL 32314
Re: F.R.H. & Associates Inc
P02000080011

## Gentlemen:

Enclosed please find the annual report with our check for \$150.00.

Please be advised that we never received notice of the annual report at our mailing address.

We, accordingly, requested the form from your department and are filing same.

Cordially,

Felix Hernandez, President