

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115336

FILED
Apr 30, 2009
Secretary of State

Entity Name: HERNANDEZ FAMILY INVESTMENTS, INC.

Current Principal Place of Business:

55 NE 5TH AVENUE
501
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

55 NE 5TH AVENUE
501
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 51-0434589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONIQUE TRONCONE, CPA PA
55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 334325500 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERNANDEZ ZAMBRANO, MARIO
Address: 55 NE 5TH AVENUE STE 501
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: OLARTE, OLGA L
Address: 55 NE 5TH AVENUE STE 501
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: HERNANDEZ, MARIA F
Address: 55 NE 5TH AVENUE STE 501
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: HERNANDEZ PEREZ, MARIO
Address: 55 NE 5TH AVENUE STE 501
City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete
Name: HERNANDEZ OLARTE, LORENZO
Address: 55 NE 5TH AVENUE STE 501
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO HERNANDEZ

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date