

FROM : JUAN A FIGUEROA, PA, CPA

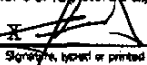
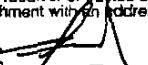
PHONE NO. : 305 567 0148

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90002 047 ***550.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

54055704

DOCUMENT # P02000133427					
1. Entity Name FERNANDEZ FAMILY HOLDINGS, INC.					
Principal Place of Business 6881 SW 94 AVE MIAMI, FL 33173			Mailing Address 6881 SW 94 AVE MIAMI, FL 33173		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 35-2194890	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, JORGE 6881 SW 94 AVE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Fernandez, Jorge Street Address (P.O. Box Number is Not Acceptable) 6881 SW 94th Avenue City Miami FL Zip 33173	
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:  DATE: 5/24/04					
(NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FERNANDEZ, JORGE		NAME		
STREET ADDRESS	6881 SW 94 AVE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33173		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing 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 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: 			5/24/04 X 305-260-4442		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		