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

DOCUMENT # P02000133427

1. Entity Name
FERNANDEZ FAMILY HOLDINGS, INC.

54055704

Principal Place of Business	Mailing Address
6881 SW 94 AVE MIAMI, FL 33173	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

03192003 Chg-P CR2E034 (10/03)

4. FEI Number 35-2194690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, HORGE
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 Code: 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: X [signature] X 5/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ, JORGE 6881 SW 94 AVE MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(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: X [signature] X 5/24/04 X 305-260-4442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #