2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100595

Address:

City-St-Zip:

1530 WEST 68 STREET #102

HIALEAH, FL 33014

Entity Name: FERNANDEZ HOUSE REPAIR SVCS., INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1530 WEST 68 STREET APT. # 102 HIALEAH, FL 33014 **New Mailing Address: Current Mailing Address: 1530 WEST 68 STREET** APT. # 102 HIALEAH, FL 33014 FEI Number: 20-0265212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, AUDEL III **1530 WEST 68 STREET** APT # 102 HIALEAH, FL 33014 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FERNANDEZ, AUDEL III Name: Name: 1530 WEST 68 STREET #102 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition FERNANDEZ, AUDEL Name: Name: 1530 WEST 68 STREET #102 Address: Address: HIALEAH, FL 33014 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FERNANDEZ, AUDEL III Name: Name: 1530 WEST 68 STREET #102 Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: SEC () Delete Title: () Change () Addition FERNANDEZ, AUDEL Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: AUDEL FERNANDEZ III P 04/30/2004