


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90077 047 \*\*\*150.00

DOCUMENT # P03000105244			
1. Entity Name M&G HERNANDEZ ENTERPRISES, INC.			
Principal Place of Business 1022 S PINE OCALA, FL 34474		Mailing Address 13301 SW 100TH LANE DUNNELLON, FL 34432	
2. Principal Place of Business		3. Mailing Address <i>1022 S. Pine</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Ocala FL</i>	
Zip	Country	Zip	Country
		<i>34474</i>	<i>USA</i>
4. FEI Number		Applied For	
<i>20 - 0249431</i>		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, MIGUEL B 13301 SW 100TH LANE DUNNELLON, FL 34432		Name	
		Street Address (P.O. Box Number is Not Acceptable) <i>1022 S Pine Ave</i>	
		City <i>Ocala</i>	
		FL Zip Code <i>34474</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, MIGUEL B	NAME	<i>Miguel B Hernandez</i>
STREET ADDRESS	13301 SW 100TH LANE	STREET ADDRESS	<i>1022 S. Pine Ave</i>
CITY-ST-ZIP	DUNNELLON, FL 34432	CITY-ST-ZIP	<i>Ocala FL 34474</i>
TITLE	VP/S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, GRACIANA	NAME	<i>Graciana Hernandez</i>
STREET ADDRESS	13301 SW 100TH LANE	STREET ADDRESS	<i>1022 S. Pine Ave</i>
CITY-ST-ZIP	DUNNELLON, FL 34432	CITY-ST-ZIP	<i>Ocala FL 34474</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Miguel B Hernandez</i>		Date: <i>03-20-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	