2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-02-2006 90215 045 ***150.00

DOCUMENT # P03000130565

1. Entity Name

HERNANDEZ WOODWORK, CORP.

Principal Place of Business	Mailing Address
1756 NW 94 ST. MIAMI FL 33147	1756 NW 94 ST. MIAMI FL 33147

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
1360 NW 128th Street		1360 NW 128th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: North Miami ,Florida		City & State: North Miami, Florida	
Zip: 33167	Country: U S A	Zip: 33167	Country: U S A

4. FEI Number 20-0402182 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, PABLO
1756 NW 94 STREET
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name: Pablo Hernandez

Street Address (P.O. Box Number is Not Acceptable): 1360 NW 128th street

City: NORTH MIAMI FL Zip Code: 33167

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, PABLO		NAME	
STREET ADDRESS	1756 NW 94 ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ROMERO, LEONA		NAME	
STREET ADDRESS	1756 NW 94 ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147		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 exemptions contained in Section 119, 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: Leona R Romero 06/07/06 305-962-9908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #