


2006 Amended A/R

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P03000148806</b>   |   |   |   |
| 1. Entity Name<br>HERNANDEZ C. PAINTING, INC.  |   |  |   |
| Principal Place of Business<br>P.O BOX<br>126669<br>HIALEAH, FL 33012  |   | Mailing Address<br>P.O BOX<br>126669<br>HIALEAH, FL 33012  |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br><br>HERNANDEZ, OSLIRIO<br>2033 W. 62 ST. #218<br>HIALEAH, FL 33016  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |   |  |   |
| Amended AR is \$61.25  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>HERNANDEZ, OSLIRIO<br>2033 W. 62 ST. #218<br>HIALEAH, FL 33016 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP, VP, S<br>HERNANDEZ OSLIRIO<br>17100 NW 91PL MIAMI FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>HERNANDEZ, HERMINIA C<br>2033 WEST 62 STREET #218<br>HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 100081843341<br>01/10/07--01007--007 **8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>HERNANDEZ, JESUS L<br>2033 WEST 62 STREET #218<br>HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 100081843341<br>11/27/06--01042--009 **52.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>OSLIRIO HERNANDEZ</u>  |   | Date: <u>12/11/06</u>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Daytime Phone #</small>   |   |

FILED  
07 JAN -3 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11292006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-0469503  
Applied For  
Not Applicable

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

Doc - postmarked 12/28/06 + Rec. 1/3/07