

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148988

FILED
May 01, 2009
Secretary of State

Entity Name: JUAN HERNANDEZ ENTERPRISES INC

Current Principal Place of Business:

PO BOX 324
WIMAUMA, FL 33598 US

New Principal Place of Business:

NORTH ST
WIMAUMA, FL 33598 US

Current Mailing Address:

PO BOX 324
WIMAUMA, FL 33598 US

New Mailing Address:

FEI Number: 20-0458988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, JUAN
9623 U.S. HWY 301 SOUTH
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

HERNANDEZ, SONIA
P.O BOX 324
WIMAUMA, FL 33598 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: SONIA HERNANDEZ

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, JUAN J
Address: PO BOX 324
City-St-Zip: WIMAUMA, FL 33598 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERNANDEZ, JUAN
Address: PO BOX 324
City-St-Zip: WIMAUMA, FL 33598 US

Title: VP () Change (X) Addition
Name: HERNANDEZ, JUAN JR
Address: P.O BOX 324
City-St-Zip: WIMAUMA, FL 33598

Title: ST () Change (X) Addition
Name: HERNANDEZ, SONIA
Address: P.O BOX 324
City-St-Zip: WIMAUMA, FL 33598

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

SIGNATURE: SONIA HERNANDEZ

ST

05/01/2009

Electronic Signature of Signing Officer or Director

Date