FROM : FAX NO. :

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 17, 2005 8:00 am
Secretary of State
04-18-2005 90549 045 ***150.00

DOCUMENT # P04000037729

1. Entity Name
W. FERNANDEZ CORP.

Principal Place of Business
8186 NW 103RD ST., SUITE B
HIALEAH GARDENS, FL 33016

Mailing Address
8186 NW 103RD ST., SUITE B
HIALEAH GARDENS, FL 33016

66017529

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

02222005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0827554 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
~~LIBERTY BUSINESS SERVICES, INC~~
~~8202 NW 103RD ST.~~
~~HIALEAH GARDENS, FL 33016~~
Change
Change To →

7. Name and Address of New Registered Agent
Name: Brian Przystup
Street Address (P.O. Box Number is Not Acceptable): 1881 Washington Ave 12E
M Beach FL
City: FL Zip Code: 33139

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] 4-30-05
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, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERNANDEZ, WELLINGTON 7842 NW 172ND ST. HIALEAH GARDENS, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FERNANDEZ, DAGOBERTO R 7842 NW 172ND ST. HIALEAH GARDENS, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: W Fernandez Wellington Fernandez 2/22/05 (305)785-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #