## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 19, 2007 08:00 AN Secretary of State

DOCUMENT # P04000038356  1. Entity Name				Secretary of State	
HERNANDEZ FLOOR	S INC		A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-		· · · · · · · · · · · · · · · · · · ·
	OT WRITE	IN THIS S	PACE		period
2. Principal Place of	Business	3. Mailing Address		1111	
4605 E 9 CT Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
				4. FEI Number Applied For	
City & State HIALEAH, FL_		City & State		01-0808200	Applied For Not Applicable
Zip 33013	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				ame and Address of Current Re	gistered Agent
DO NOT WRI			Name HERNANDE	HERNANDEZ, ORDE	
			Street Address (P.O. Box Number is Not Acceptable) 4605 E 9 CT		
	N THIS SP	ACE			
			City HIALEAH	F	Zip Code 33013
8. The above named State of Florida. I	i entity symples this standard familiar (with and	atement for the purpo accept the obligation	se of changing its re	gistered office or registered agent	
SIGNATURE	1/4/2/		HERNANDEZ		1/11/2007
Signat			applicable. (NOTE: Reg	istered Agent signature required when reins	stating) DATE
After M Amen	- May 1 Fee is \$150.0 ay 1, Fee is \$550.00 ded UBR is \$61.25 e to Florida Departm			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.		
TITLE NAME	HERNANDEZ, ORDI	<b>=</b>	TITLE NAME	and the state of t	
STREET ADDRESS	4605 E 9 CT		STREET ADDRE	ss U0000059356 01/22/07-80038	
CITY-ST-ZIP TITLE	HIALEAH, FL 33013		CTY-ST-ZIP	441	, , , , , , , , , , , , , , , , , , , ,
NAME STREET ADDRESS			NAME STREET ADDRE	ec	
CITY-ST-ZIP			CITY-ST-ZIP	44	
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	ss DO NOT	WRITE
TITLE			TITLE NAME	IN THIS !	SPACE
NAME STREET ADDRESS			STREET ADDRE	SS	
CITY-ST-ZIP TITLE			CITY ST-ZIP		
NAME	` <b>.</b>		NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS	
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRE	SS	
CITY-ST-ZIP		ith this files does not	CITY-ST-ZIP	n stated in Section (10 07/2)(i). Florid	a Statutar   further
certify that the information	mation indicated on this r ith: that I am an officer o	eport or supplemental r	eport is true and accuration or the receiver or true	n stated in Section 119.07(3)(i), Florid te and that my signature shall have th ustee empowered to execute this repo with an address, with all other like em	e same legal effect rt as required by
	1148 11				
SIGNATURE:	ATURE AND TYPED OF		<u>IANDEZ, PRESIDEN</u> SIGNING OFFICER OR		(786) 357-9937 Daytime Phone #