

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 034 ***158.75

DOCUMENT # P04000065612 1. Entity Name J. HERNANDEZ POOL SERVICE INC			
Principal Place of Business 3757 SW 154TH CT MIAMI, FL 33185		Mailing Address 3757 SW 154TH CT MIAMI, FL 33185	
2. Principal Place of Business 12696 N.W. 11 ST		3. Mailing Address 12696 N.W. 11 ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FLA		City & State MIAMI, FLA	
Country USA		Country USA	
4. FEI Number 20-1044231		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, DENIA 3757 SW 154TH CT MIAMI, FL 33185		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12696 N.W. 11 ST City MIAMI FL 33182	
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 _____ (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 <input type="checkbox"/> \$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 HERNANDEZ, JULIO 3757 SW 154TH CT MIAMI, FL 33185	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12696 N.W. 11 ST MIAMI, FL 33182
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/28/05 Daytime Phone # (786) 262-2140	