

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

11 JUN -1 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 904000151085

1. Entity Name

Brandon Aldair Services Inc.



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2. Principal Place of Business - No P.O. Box #

7398 NW 76th Ct.

Suite, Apt. #, etc.

3. Mailing Address

7398 NW 76th Ct.

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

Tamarac, FL

4. FEI Number

201958438

Applied For

Not Applicable

Zip

33321

Country

Zip

33321

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

Luis E Hernandez

Street Address (P.O. Box Number is Not Acceptable)

7398 NW 76th Ct.

City

Tamarac

FL

Zip Code

33321

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-issuing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PSD  
LUIS E HERNANDEZ  
7398 NW 76th Ct.  
TAMARAC, FL 33321

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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300207203373  
05/04/11--01036--009 \*\*150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE:

Luis E Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/22/11 786 227-2551