

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90133 037 \*\*\*150.00

<b>DOCUMENT # P04000151425</b>	
1. Entity Name <b>GUILLERMO HERNANDEZ INC.</b>	



Principal Place of Business <b>5230 MAMIE STREET BONITA SPRINGS, FL 34134</b>	Mailing Address <b>PO BOX 182 ESTERO, FL 33928</b>
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2. Principal Place of Business - No P.O. Box # <b>9834 Colonial Walk North</b>	3. Mailing Address <b>P.O. Box 182</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Estero, FL</b>	City & State <b>Estero, FL</b>
Zip <b>33928</b>	Zip <b>33928</b>
Country <b>Lee</b>	Country <b>Lee</b>



03232007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1833898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>HERNANDEZ, GUILLERMO 5230 MAMIE STREET BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>HERNANDEZ, GUILLERMO 5228 MAMIE ST. PO BOX 182 ESTERO, FL 33928</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9834 Colonial Walk North Estero, FL 33928</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>MONTOYA, JAVIER 5228 MAMIE ST. PO BOX 182 ESTERO, FL 33928</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 182 Estero, FL 33928</b>	
TITLE <b>SEC.</b>	<input type="checkbox"/> Delete <b>VARGAS, MARIO 6638 WARWICK CIRCLE NAPLES, FL 33919</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Guillermo Hernandez 3/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

239 40-4481