

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90299 047 \*\*\*150.00

**DOCUMENT # P04000156769**

1. Entity Name  
**SANCHEZ & HERNANDEZ ENTERPRISE, INC.**



Principal Place of Business  
**964 NE 62ND ST.  
OAKLAND PARK, FL 33334**

Mailing Address  
**964 NE 62ND ST.  
OAKLAND PARK, FL 33334**

**66018585**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04232005 Chg-P CR2E034 (10/03)

4. FEI Number

**20-2205579**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, GERARDO  
6301 N. UNIVERSITY DR., #206  
TAMARAC, FL 33321**

Name

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

City

**FL**

Zip Code

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 fee 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  
HERNANDEZ, GERARDO  
6301 N. UNIVERSITY DR., #206  
TAMARAC, FL 33321**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**STD  
SANCHEZ, IVAN  
8380 SANDS POINT BLVD., #J-102  
TAMARAC, FL 33321**

☐ Delete

TITLE  
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CITY- ST- ZIP  
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-05-954-7717221**

Date

Daytime Phone #