

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027716

FILED
May 04, 2007
Secretary of State

Entity Name: HERNANDEZ FLOORING SERVICES INC.

Current Principal Place of Business:

2755 BAY CLUB DR.
NAVARRE, FL 32566

New Principal Place of Business:

1259 HOLIDAY DR
GULF BREEZE, FL 32563

Current Mailing Address:

2755 BAY CLUB DR.
NAVARRE, FL 32566

New Mailing Address:

1259 HOLIDAY DR
GULF BREEZE, FL 32563

FEI Number: 20-2381644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, ADAN
2755 BAY CLUB DR.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

HERNANDEZ, ADAN
1259 HOLIDAY DR
GULF BREEZE, FL 32563 US

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.

SIGNATURE: ADAN HERNANDEZ

05/04/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, ADAN
Address: 2755 BAY CLUB DR.
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: LECHUGA, RAUL
Address: 2755 BAY CLUB DR.
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: LECHUGA, PABLO
Address: 2755 BAY CLUB DR.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERNANDEZ, ADAN
Address: 1259 HOLIDAY DR
City-St-Zip: GULF BREEZE, FL 32563

Title: S (X) Change () Addition
Name: LECHUGA, RAUL
Address: 1259 HOLIDAY DR
City-St-Zip: GULF BREEZE, FL 32563

Title: T (X) Change () Addition
Name: LECHUGA, PABLO
Address: 1259 HOLIDAY DR
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAN HERNANDEZ

P

05/04/2007

Electronic Signature of Signing Officer or Director

Date