


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90411 048 \*\*\*150.00

<b>DOCUMENT # P05000072318</b> 1. Entity Name <b>STAR FLOOR HERNANDEZ, CORP.</b>					
Principal Place of Business <b>1521 EAST 3 AVENUE HIALEAH, FL 33010</b>			Mailing Address <b>1521 EAST 3 AVENUE HIALEAH, FL 33010</b>		
2. Principal Place of Business <b>11201 SW 55 St Box 47</b>		3. Mailing Address <b>11201 SW 55 St Box 47</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Miramar, FL</b>		City & State <b>Miramar, FL</b>		4. FEI Number <b>20-2856330</b>	
Zip <b>33025</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AGUILA, JESUS L 4719 PALM AVENUE HIALEAH, FL 33012</b>		7. Name and Address of New Registered Agent Name <b>Rolando Hernandez</b> Street Address (P.O. Box Number is Not Acceptable) <b>11201 SW 55 Street Box 47</b> City <b>Miramar</b> <b>FL</b> Zip Code <b>33025</b>			
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 <u><i>[Signature]</i></u> <b>1/President</b> <b>3/30/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HERNANDEZ, ROLANDO</b> <input type="checkbox"/> Delete <b>1521 EAST 3 AVENUE</b> <b>HIALEAH, FL 33010</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hernandez Rolando</b> <b>11201 SW 55 St Box 47</b> <b>Miramar, FL 33025</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>ESCOBAR, IDANIA</b> <b>1521 EAST 3 AVENUE</b> <b>HIALEAH, FL 33010</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Escobar, Idania</b> <b>11201 SW 55 St Box 47</b> <b>Miramar, FL 33025</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <b>1/President</b> <b>3/30/06</b> <b>(786) 553-7030</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50012777



03302006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AGUILA, JESUS L  
4719 PALM AVENUE  
HIALEAH, FL 33012

## 7. Name and Address of New Registered Agent

Name **Rolando Hernandez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11201 SW 55 Street Box 47**  
 City **Miramar** **FL** Zip Code **33025**

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]* **1/President** **3/30/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Hernandez Rolando</b> <b>11201 SW 55 St Box 47</b> <b>Miramar, FL 33025</b>
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SIGNATURE: *[Signature]* **1/President** **3/30/06** **(786) 553-7030**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #