2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000072318

1. Entity Name

STAR FLOOR HERNANDEZ, CORP.



FILED Feb 04, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

11201 SW 55 ST BOX 47 HOLLYWOOD, FL 33025

SIGNATURE:

11201 SW 55 ST BOX 47 HOLLYWOOD, FL 33025

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DO NOT WRITE IN THIS SPACE				01272008 4. FEI Numb 20-285	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
HERNANDEZ, ROILANDO 11201 SW 55 ST BOX 47 HOLLYWOOD, FL 33025			DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature typical agent and the flore of registered agent and the flore of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. Signature typical agent and the flore of registered agent agent and the flore of registered agent							
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	cing []	\$5.00 May Be Added to Fees		811455 80008-008 150.00	
10. TM£	OFFICERS AND DIREC	CTORS					
NAME STREET MODRESS CITY: ST-ZIP	HERNANDEZ, ROLANDO 11201 SW 55 ST BOX 47 HOLLYWOOD, FL 33025						
TITLE MANUE STREET ADDRESS CITY-ST-ZEP	V ESCOBAR, IDANIA 11201 SW 55 ST BOX 47 HOLLYWOOD, FL. 33025						
TITLE NAME STREET ADDRESS CITY-ST-ZDP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS							
CITY-SI-ZEP TITLE							
NAME STREET ADORESS CITY- ST-ZIP				-			
12. Thereby certify that the information supplied with this fifting 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.							