


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90022 010 ***158.75

DOCUMENT # P06000014918 1. Entity Name H F GENERAL HOME REPAIR, CORP					
Principal Place of Business 12460 SW 184 ST MIAMI, FL 33177 US			Mailing Address 12460 SW 184 ST MIAMI, FL 33177 US		
2. Principal Place of Business - No P.O. Box # 14820 Polk St Suite, Apt. #, etc.			3. Mailing Address 14820 Polk St Suite, Apt. #, etc.		
City & State Miami FL			City & State Miami FL 33176		
Zip 33176		Country USA		4. FEI Number 20-4207578	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FERNANDEZ, HUMBERTO 12460 SW 184 ST MIAMI, FL 33177			7. Name and Address of New Registered Agent Name Humberto Fernandez Street Address (P.O. Box Number is Not Acceptable) 14820 Polk St City Miami FL Zip Code 33176		
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  Humberto Fernandez 2/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FERNANDEZ, HUMBERTO 12460 SW 184 ST MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, HUMBERTO 12460 SW 184 ST MIAMI, FL 33177	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  Humberto Fernandez 2/3/07 305-506-7318 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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