2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90065 001 ***150.00
04-18-2008 90065 002 *****8.75

DOCUMENT # P07000028691

1. Entity Name
LUIS R. HERNANDEZ, P.A.

Principal Place of Business	Mailing Address
5824 S SEMORAN BLVD SUITE A ORLANDO FL 32822	5824 S SEMORAN BLVD SUITE A ORLANDO FL 32822

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5840 S. Semoran Blvd.	5840 S. Semoran Blvd.
Suite, Apt. #, etc. A	Suite, Apt. #, etc. A
City & State Orlando Florida	City & State Orlando Florida
Zip 32822 Country Orange	Zip 32822 Country Orange

4. FEI Number 20-0540671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, LUIS R
5824 S SEMORAN BLVD SUITE A
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name Luis R. Hernandez P.A.
Street Address (P.O. Box Number is Not Acceptable)
5840 S. Semoran Blvd Suite A
City Orlando Florida **FL** Zip Code 32822

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 Luis R. Hernandez P.A. 4/5/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	D HERNANDEZ, LUIS R 5724 S SEMORAN BLVD SUITE A ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hernandez Luis R 5840 S. Semoran Blvd. Suite A Orlando Fl 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Hernandez Luis R 5840 S. Semoran Blvd Suite A Orlando Fl. 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA Hernandez, Luis R 5840 S. Semoran Blvd Suite A Orlando Fl 32822	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Luis R. Hernandez P.A. 4/5/08 407-509-9129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #