

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 007 ***150.00

DOCUMENT # P07000032916

1. Entity Name
VERA & HERNANDEZ, INC.



Principal Place of Business
**875 80TH STREET #4
MIAMI BEACH, FL 33141**

Mailing Address
**875 80TH STREET #4
MIAMI BEACH, FL 33141**

60044444



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05302008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-8732515

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PROFESSIONAL ACCOUNTING SOLUTIONS, INC.
8201 PETERS ROAD SUITE 1000
PLANTATION, FL 33324**

Name
MARIA VERA

Street Address (P.O. Box Number is Not Acceptable)
875 80 ST #4

City
MIAMI BEACH

FL

Zip Code
33141

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, typed and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

**DPT
HERNANDEZ, JOSE
875 80TH STREET #4
MIAMI BEACH, FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☒ Addition

**VDS
VERA MARIA
875 80 ST #4
MIAMI BEACH FL 33141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Hernandez

PDT

5/28/08

(786) 426-9247