


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P92000003386

1. Entity Name
PEDRO A. HERNANDEZ, P.E., P.A.



Principal Place of Business
2450 SW 137 AVENUE SUITE 217 MIAMI, FL 33175 US

Mailing Address
PO BOX 650127 MIAMI, FL 33165 US



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0377220

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, PEDRO A
 2450 SW 137 AVE
 STE 217
 MIAMI, FL 33175**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, PEDRO A 13216 SW 46TH LANE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINO, ED 6250 S.W. 38TH ST. MIAMI, FL 33155
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 04/27/05-80014-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Pedro A. Hernandez* 4/27/05 305-274-6963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #