2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000001276

1. Entity Name

HERNANDEZ ASSOCIATES ACCOUNTANTS, INC.

Principal Place of Business	Mailing Address
8550 W. FLAGLER ST 119 MIAMI FL 33144	8550 W. FLAGLER ST 119 MIAMI FL 33144

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0716698 ☐ Applied For ☐ Not Applicable

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
HERNANDEZ, VIVIAN M 136 SW 96 CT. MIAMI FL 33174	Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code

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 accep the obligations of registered agent.

SIGNATURE _____
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, 2006 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	VD ☐ Delete HERNANDEZ, PEDRO JR 8550 W. FLAGLER ST #119 MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add 100000427047 02/20/06-80067-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete HERNANDEZ, VIVIAN 8550 W. FLAGLER ST #119 MIAMI FL 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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: Vivian Hernandez 2/6/06 (305) 229-268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #