


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90057 008 \*\*\*158.75

<b>DOCUMENT # P97000065110</b>			
1. Entity Name FRANCISCO HERNANDEZ P.E., P.A.			
Principal Place of Business 4338 S.W. 8TH ST. MIAMI FL 33134		Mailing Address 4338 S.W. 8TH ST. MIAMI FL 33134	
2. Principal Place of Business 15113 SW 35 <sup>th</sup> TERRACE		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33185	Country USA	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0770200		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, FRANCISCO 4338 S.W. 8TH ST. MIAMI FL 33134		7. Name and Address of New Registered Agent Name: <u>HERNAN FRANCISCO HERNANDEZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>15113 SW 35<sup>th</sup> TERRACE</u> City: <u>MIAMI</u> FL Zip Code: <u>33185</u>	
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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: FRANCISCO HERNANDEZ, Director DATE: 3-17-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, FRANCISCO		NAME	
STREET ADDRESS 4338 S.W. 8TH ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33134		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, MARLENE		NAME	
STREET ADDRESS 4338 S.W. 8TH ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33134		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: FRANCISCO HERNANDEZ / MARLENE HERNANDEZ 3-17-04

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