


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P97000106610  
 1. Entity Name  
 J. & E. FERNANDEZ, INC.



Principal Place of Business  
 8602 VIVIAN BASS WAY  
 ODESSA, FL 33556

Mailing Address  
 8602 VIVIAN BASS WAY  
 ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3483212

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE R  
 8602 VIVIAN BASS WAY  
 ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FERNANDEZ, JOSE R
STREET ADDRESS	8602 VIVIAN BASS WAY
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	D
NAME	FERNANDEZ, ESTRELLA M
STREET ADDRESS	8602 VIVIAN BASS WAY
CITY - ST - ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

100000586635  
 01/16/07-80080-025 150.00

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: *Estrella M. Fernandez* 1/11/07 (813) 926-1920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #