
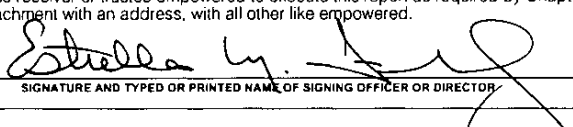


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90017 029 ***150.00

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	
2. Principal Place of Business - No P.O. Box # 19020 Phillips Road <small>Suite, Apt. #, etc.</small>		3. Mailing Address 19020 Phillips Road <small>Suite, Apt. #, etc.</small>	
City & State Marysktown, FL. <small>Zip</small> 34604 <small>Country</small> U.S.A.		City & State Marysktown, FL. <small>Zip</small> 34604 <small>Country</small> U.S.A.	
4. FEI Number 59-3483212		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERNANDEZ, JOSE R 8602 VIVIAN BASS WAY ODESSA, FL 33556		7. Name and Address of New Registered Agent Name Jose R. Fernandez Street Address (P.O. Box Number is Not Acceptable) 19020 Phillips Road City Marysktown FL <small>Zip Code</small> 34604	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D FERNANDEZ, JOSE R <input type="checkbox"/> Delete 8602 VIVIAN BASS WAY ODESSA, FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose R. Fernandez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19020 Phillips Road Marysktown, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, ESTRELLA M <input type="checkbox"/> Delete 8602 VIVIAN BASS WAY ODESSA, FL 33556	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Estrella M. Fernandez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19020 Phillips Road Marysktown, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/12/07 (352) 544-5761 <small>Daytime Phone #</small>	