

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, Suite, Apt. #, etc.
 3. Mailing Address: 19020 Phillips Road, Suite, Apt. #, etc.



01122008 Chg-P CR2E034 (12/06)

City & State: Masaryktown, FL. Zip: 34604. Country: U.S.A.
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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

7. Name and Address of New Registered Agent
 Name: Jose R. Fernandez
 Street Address (P.O. Box Number is Not Acceptable): New address: 19020 Phillips Road
 City: Masaryktown FL Zip Code: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	FERNANDEZ, JOSE R	<input type="checkbox"/> Delete
NAME:	8602 VIVIAN BASS WAY	
STREET ADDRESS:	ODESSA, FL 33556	
CITY-ST-ZIP:		
TITLE: D	FERNANDEZ, ESTRELLA M	<input type="checkbox"/> Delete
NAME:	8602 VIVIAN BASS WAY	
STREET ADDRESS:	ODESSA, FL 33556	
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Delete
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: Jose R. Fernandez		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	19020 Phillips Road	
STREET ADDRESS:	Masaryktown, FL. 34604	
CITY-ST-ZIP:		
TITLE: Estrella M. Fernandez		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	19020 Phillips Road	
STREET ADDRESS:	Masaryktown, FL. 34604	
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		
TITLE:		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		
STREET ADDRESS:		
CITY-ST-ZIP:		

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 1/12/07 (352) 544-5761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #