## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P98000079278  1. Entity Name A. HERNANDEZ LAWN MAINTENANCE, INC.  Principal Place of Business  Mailing Address				Secretary of State	
2030 N.W. 1	IST ST.	teiling Address 2030 N.W. 1ST ST. BOYNTON BEACH, FL 33435	·	3 (00) 100 (10) 10 (10) 10 (11)	
C	OO NOT WRITE II		CE	01122005 No Chg-P  4. FEI Number 65-0863256  5. Certificate of Status Desire	Applied For Not Applicable
2030 N.W	DEZ, ALEX —			DO NOT IN THIS S	
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.					
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  OATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	☐ Adde	ed to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE  P HERNANDEZ, ALEX 2030 NW 1ST STREET BOYNTON BCH, FL 33435	ctors			 00317285
TITLE NAME STREET ADDRESS CITY-SY-ZIP				04/20/0	5-80012-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s			
NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICEN OR DIRECTOR Date Daylore Phone *					