FILED 2007 FOR PROFIT CORPORATION Feb 07, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P99000046574 1. Entity Name HERNANDEZ CONSTRUCTION GROUP, INC. Principal Place of Business Mailing Address 12319 SW 194 ST. 12319 SW 194 ST. MIAMI, FL 33177 MIAMI, FL 33177 01222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0927681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JOSE A DO NOT WRITE 12319 SW 194 ST. MIAMI, FL 33177 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 prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U000000625475 Trust Fund Contribution. Added to Fees 02/14/07-80075-023 150.00 OFFICERS AND DIRECTORS 10. TITLE HERNANDEZ, JOSE A NAME STREET ADDRESS 12319 SW 194 ST. MIAMI, FL 33177 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 chapter 607, Florida Statutes.

. . .

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR