


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S35969</b> 1. Entity Name HERNANDEZ GRADING, INC.	
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Principal Place of Business 3074 CHICORY TERR PUNTA GORDA, FL 33983	Mailing Address PO BOX 496182 PORT CHARLOTTE, FL 33949-6182
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**DO NOT WRITE IN THIS SPACE**



08142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0256596	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  HERNANDEZ, MIGUEL 3074 CHICORY TERRACE PUNTA GORDA, FL 33983
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 08/20/07-80005-016 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MIGUEL 3074 CHICORY TERR PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, RAFAEL 119 ALTOONA ST PORT CHARLOTTE, FL 33952
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: MIGUEL HERNANDEZ, PRES 8-14-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #