2907 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Apr 30, 2007 08:00			
DOCU	MENT # V05499			\mathbf{S}	ecretary	of Sta	
1. Entity Nam HERNAN	ne IDEZ LAWN SPRINKLERS CO						
Principal Plac	e of Business	Mailing Address	<u> </u>				
5070 W. 8TH Hialeah, Fl		5070 W 8TH AVE HIALEAH, FL 33012 US					
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	O NO WRITE	IN IFIIO OFA	UE:	4. FEI Number 59-262			Applied For Not Applicable
1.44					of Status Desired		Additional
Maria de Sa	6. Name and Address of Current Re	cistered Agent	Yandan Tanan	**************************************		Fee Req	uired
		<u></u>	1				
HERNANDEZ, PEDRO L. 5070 W 8TH AVE HIALEAH, FL 33012				DO)	NOT W	RITE	
				in :	THIS SP	ACE	de de la companya de La companya de la co
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8. The above	named entity submits this statement for the	e numbee of changing its register	red office or register	ed agent or bo	th, in the State of Flo	rida. Lam familiar w	ith, and accept
	tions of registered agent.	is purpose of changing its register	red office or register	co agent, or bo	(ri, with the chare of the	read: Tarritarrines v	mi, and about
SIGNATURE.	Signature, typed or printed name of registered agent and	itin f applicable. (NOTF: Begister	od Agent signature required	when reinstation)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			+	00 May Be ed to Fees	000000 05/15/07-)740959 -8001 <mark>0-</mark> 011	150.00
10.	OFFICERS AND DI	RECTORS	-DATE	建 条1分	STATE OF		
NAME	HERNANDEZ, PEDRO L.						
STREET ADDRESS CITY-ST-ZIP	5070 W 8TH AVE HIALEAH, FL						
TITLE	V		1				
NAME	GARCIA, HECTOR						
STREET ADORESS CITY-ST-ZIP	5070 W. 8TH AVE HIALEAH, FL 33012						
TITLE							
NAME CYCCET ADORESE							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE				IN:	THIS SP	ACE	
NAME STREET ADDRESS							
CITY-ST-ZIP							
TITLE	· -						编数案
NAME							
STREET ADDRESS CITY-ST-7IP							

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 occupie 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 employees 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 attachyrent with an address with all other like approvered.

TITLE

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07

Daytime Phone #