


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 499426 1. Entity Name HDS CONSTRUCTION COMPANY |  |
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|--|---|
| Principal Place of Business 505 N.W. 177 STREET #102 MIAMI FL 33169 US | Mailing Address P O BOX 43-1021 S. MIAMI FL 33243-1021 US |
|--|---|



MOORE CR2E034 (11/03)

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-1659595 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent HERNANDEZ, RODOLFO JR 505 NW 177 STREET #102 MIAMI FL 33169 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | |
|--|---|--|---------------------------------|---|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">PD HERNANDEZ, RODOLFO JR 2121 PONCE DE LEON #1050 CORAL GABLES FL 33134</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>SD HERNANDEZ, IRENE 2121 PONCE DE LEON #1050 CORAL GABLES FL 33134</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> | PD HERNANDEZ, RODOLFO JR 2121 PONCE DE LEON #1050 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete | SD HERNANDEZ, IRENE 2121 PONCE DE LEON #1050 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Delete |
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| | <input type="checkbox"/> Delete | | | | | | | | | | |
| | <input type="checkbox"/> Delete | | | | | | | | | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | |
|---|--|---|---|--|---|--|---|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> U00000015819 01/28/04-80030-005 150.00 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | U00000015819 01/28/04-80030-005 150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **RODOLFO HERNANDEZ JR** 1/21/04 305-447-3993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #