

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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



DOCUMENT # G13230
 1. Entity Name
DAVID HERNANDEZ FINANCIAL SERVICES INC.

Principal Place of Business Mailing Address
 1811 NORTH RIVERHILLS DR 1811 NORTH RIVERHILLS DR
 TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Same *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2237825 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, DAVID J.
1811 NORTH RIVERHILLS DR
TEMPLE TERRACE FL 33617

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: *David Hernandez* **DAVID J. HERNANDEZ** **1-22-07**
Signature, typed or printed name of registered agent and title if applicable. DATE
NOTE: Registered Agent signature required when remaining **PRES.**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, DAVID J	
STREET ADDRESS	1811 NORTH RIVERHILLS DR	
CITY-STATE-ZIP	TEMPLE TERRACE FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, IRENE	
STREET ADDRESS	1811 NORTH RIVERHILLS DR	
CITY-STATE-ZIP	TEMPLE TERRACE FL 33617	
TITLE	SVT	<input type="checkbox"/> Delete
NAME	GROENE, CHANTELE	
STREET ADDRESS	1811 NORTH RIVERHILLS DR	
CITY-STATE-ZIP	TEMPLE TERRACE FL 33617	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERNANDEZ, DAVID K	
STREET ADDRESS	1811 NORTH RIVERHILLS DR	
CITY-STATE-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000684089	
CITY-STATE-ZIP	04/06/07-80017-019 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Hernandez* **DAVID J. HERNANDEZ** **1-22-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRES. 813-9892397