


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000122678

1. Entity Name
M.B.H.E. INVESTMENTS, INC.



Principal Place of Business Mailing Address
2180 W OAKLAND PARK BLVD **2180 W OAKLAND PARK BLVD**
OAKLAND PARK FL 33311 **OAKLAND PARK FL 33311**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
16-1640105 Not Applicable

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

6. Name and Address of Current Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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, 2005 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	DP	<input type="checkbox"/> Delete
NAME	RISACK, BARRY	
STREET ADDRESS	7431 VISTA PALMS WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DINNERMAN, HELEN	
STREET ADDRESS	7428 LAURELS PLACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RISACK, EILEEN	
STREET ADDRESS	7431 VISTA PALMS WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DINNERMAN, MARVIN	
STREET ADDRESS	7428 LAURELS PLACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000291008
04/07/05-80013-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marvin Dinnerman **MARVIN DINNERMAN** 3/27/2005 72461-3437

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