


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000122678	
1. Entity Name M.B.H.E. INVESTMENTS, INC.	

Principal Place of Business 2180 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311	Mailing Address 2180 W OAKLAND PARK BLVD OAKLAND PARK, FL 33311
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01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1640105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RISACK, BARRY 7431 VISTA PALMS WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DINNERMAN, HELEN 7428 LAURELS PLACE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RISACK, EILEEN 7431 VISTA PALMS WAY LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DINNERMAN, MARVIN 7428 LAURELS PLACE PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/30/08-80063-015 150.00

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: B. Risack Barry Risack Date: 1/28/08 Daytime Phone #: 561 439-5577