


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P94000002133  
 1. Entity Name  
 DOUBLE H, INC.



Principal Place of Business  
 2 N.E. 1ST STREET  
 MIAMI, FL 33132

Mailing Address  
 2 N.E. 1ST STREET  
 MIAMI, FL 33132

**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0475829

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 GOMEZ, ELIZABETH  
 2 N.E. 1ST STREET  
 MIAMI, FL 33132

**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, 2005 Fee will be \$550.00**

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

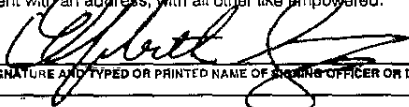
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GOMEZ, ELIZABETH 2 N.E. 1ST STREET MIAMI, FL 33132
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U00000291412  
 04/07/05-80032-003 150.00

**DO NOT WRITE IN THIS SPACE**

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:  8/28/05 305-372-0094  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #