

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000038269
1. Entity Name
T.G.H. INVESTMENTS, INC.



Principal Place of Business Mailing Address
2 N.E. 1 STREET **2 N.E. 1 STREET**
MIAMI, FL 33132 US **MIAMI, FL 33132 US**

DO NOT WRITE IN THIS SPACE



.03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0666848 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ULLMAN, BILL
4600 FIRST UNION FINANCIAL CNTR
200 S BISCAYNE BLVD
MIAMI, FL 33131

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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	PD
NAME	GOMEZ, MICHAEL C
STREET ADDRESS	2 N.E. 1 STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VP
NAME	HORTA, ORLANDO JR
STREET ADDRESS	2 N.E. 1 STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/07/05-80030-009 150.00

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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)(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 or other like empowered.

SIGNATURE: _____ **3/29/05** **305-322-3464**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #