

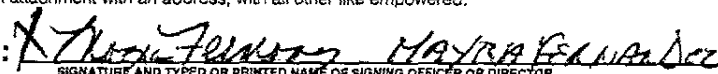


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 294008</b>			
1. Entity Name <b>M &amp; H BROKERAGE INC</b>			
Principal Place of Business <b>3399 N.W. 72 AVE SUITE 218 MIAMI, FL 33122 US</b>		Mailing Address <b>P O BOX 522912 MIAMI, FL 33152 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-1112244</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, MAYRA SMITH 448 DE LEON DR MIAMI SPRINGS, FL 33166</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  U000000150253 05/03/04-80217-023 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS FERNANDEZ, MAYRA 441 DE LEON DR. MIAMI SPRINGS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, ARMANDO 441 DE LEON DR. MIAMI SPRINGS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MIYAR, LEN, M 871 N.W. 127 CT. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>5-28-04</b> <small>Daytime Phone #</small> <b>305-592-3255</b>	