


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # 294008 1. Entity Name M & H BROKERAGE INC	
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Principal Place of Business 3399 N.W. 72 AVE SUITE 218 MIAMI, FL 33122 US	Mailing Address P O BOX 522912 MIAMI, FL 33152 US
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05032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1112244	I AGREE I DO NOT AGREE
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, MAYRA SMITH 448 DE LEON DR MIAMI SPRINGS, FL 33166
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	U00000562826 05/19/06-80070-012 150.00 DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CONYERS, ROBERT M 4235 SW 143 CT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, MAYRA 3399 N.W. 72 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CONYERS, ROBERT 3399 N.W. 72 AVE MIAMI, FL 33122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Mayra Smith Fernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-24-06 Date	305-592-3255 Daytime Phone #
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