2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 586573

1. Entity Name
A.H. REALTY, INC.

Principal Place of Business	Mailing Address
2510 SO FLORIDA AVE LAKELAND, FL 33803	2510 SO FLORIDA AVE LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1851762	Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, ANDRES
2510 S FLA AVE
LAKELAND, FL 33806-2866

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U000000147661
05/03/04--80112-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HERNANDEZ, ANDRES
STREET ADDRESS	1443 HOLLINGSWORTH OAKS
CITY-ST-ZIP	LAKELAND, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Andres Hernandez_   4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #