


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90047 037 \*\*\*150.00

<b>DOCUMENT # F01000004789</b>	
1. Entity Name <b>S &amp; H HOLDINGS, INC.</b>	

Principal Place of Business <b>1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461</b>	Mailing Address <b>1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461</b>
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2. Principal Place of Business <b>625 N. FLAGLER DRIVE Suite, Apt. #, etc. SUITE 625</b>	3. Mailing Address <b>625 N. FLAGLER DRIVE Suite, Apt. #, etc. SUITE 625</b>
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City & State <b>WEST PALM BEACH, FL</b>	City & State <b>WEST PALM BEACH, FL</b>
Zip <b>33401</b>	Country <b>US</b>
Zip <b>33401</b>	Country <b>US</b>

01042005 Chg-P CR2E034 (10/03)

4. FEI Number <b>35-1265197</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BERNSTEIN, MICHAEL 1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461</b>	
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7. Name and Address of New Registered Agent Name <b>625 N. FLAGLER DRIVE SUITE 625 WEST PALM BEACH FL 33401</b>	
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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 *Michael Bernstein* **MICHAEL BERNSTEIN** 1/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNSTEIN, MICHAEL 1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BERNSTEIN, MICHAEL 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, STEPHEN J 1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, STEPHEN J. 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARRA, OLGA E 1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SESCO, CAROLYN S 1926 TENTH AVE N SUITE 400 LAKE WORTH, FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S SESCO, CAROLYN S. 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Bernstein* **MICHAEL BERNSTEIN** 1/18/05 (SU) 352-2280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #