


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90070 027 ***150.00

DOCUMENT # F11880

1. Entity Name
A & H INVESTMENTS COMPANY



Principal Place of Business Mailing Address
8788 SW 8TH ST. **8788 SW 8TH ST.**
MIAMI, FL 33174 **MIAMI, FL 33174**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



6. Name and Address of Current Registered Agent

RAGLIERY, SERGIO A
8788 S.W. 8TH STREET
MIAMI, FL 33174-3201

7. Name and Address of New Registered Agent

Name: **COMPANY MANAGEMENT SERVICES, LLC**
 Street Address (P.O. Box Number is Not Acceptable): **8788 SW 8th Street**
 City: **Miami** FL Zip Code: **33174-3201**

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: *S. Ragliery* *Manager* 3/13/06
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S ACEBO, HUGO 8788 SW 8TH ST. MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD ACEBO, OMNIS B. 8788 SW 8TH ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V ACEBO, JESSICA F 8788 SW 8TH ST. MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *HUGO ACEBO* *HUGO ACEBO* 4-8-06 (305) 455-1287
Signature and typed or printed name of signing officer or director Date Daytime Phone #