

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F60256

1. Entity Name

A & H FUHRMAN, INC.



**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



Principal Place of Business      Mailing Address  
% ARI FUHRMAN      % ARI FUHRMAN  
1370 WASHINGTON AVE., SUITE 208      1370 WASHINGTON AVE., SUITE 208  
MIAMI BEACH FL 33139      MIAMI BEACH FL 33139

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/08)

4. FEI Number      59-2143695

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUHRMAN, ARI  
1370 WASHINGTON AVE., SUITE 208  
MIAMI BEACH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00**

**DUE BY September 3, 2008**

**Make Check Payable to Florida Department of State**

S.607 193(2)(b), F.S. allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE      PD      ☐ Delete  
NAME      FUHRMAN, HERBERT  
STREET ADDRESS      9072 HARDING AVE  
CITY-ST-ZIP      SURFSIDE FL 33154

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      D      ☐ Delete  
NAME      FUHRMAN, ARI  
STREET ADDRESS      471 N E 177 ST  
CITY-ST-ZIP      N MIAMI BEACH FL

TITLE      ☐ Change      ☐ Addition  
NAME      000000958357  
STREET ADDRESS      08/25/08-80005-020 150.00  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
NAME  
STREET ADDRESS  
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-08

Date

786-374-5856

Daytime Phone #