


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F87296 1. Entity Name Z.H. INVESTMENT CORP.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 JUL -6 AM 11:11	
Principal Place of Business % JORGE HERNANDEZ 3935 NW 26ST MIAMI, FL 33142				Mailing Address 9201 SW 102 ST MIAMI, FL 33176 US			
2. Principal Place of Business 9201 SW 102 ST				3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, Florida				City & State			
Zip 33176		Country		Zip Country		4. FEI Number 59-2274161	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, JORGE 3935 NW 26ST MIAMI, FL 33142				7. Name and Address of New Registered Agent Name Jorge Hernandez Street Address (P.O. Box Number is Not Acceptable) 9201 SW 102 ST. City Miami FL Zip Code 33176			
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 obligation of registered agent. SIGNATURE  DATE 07-02-04 <small>Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				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.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AVILA, ALEJANDRO 3935 N.W. 26TH STREET MIAMI, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300039125963 07/14/04--01046--004 **1200.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, JORGE 9201 SW 102 ST. MIAMI, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 				Date 07-02-04 Daytime Phone #			