

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90272 023 \*\*\*150.00

**DOCUMENT # G93135**

1. Entity Name

**M & H ENTERPRISES, INC.**



Principal Place of Business

**589 WEST 27TH STREET  
HIALEAH FL 33010  
US**

Mailing Address

**589 WEST 27TH STREET  
HIALEAH FL 33010  
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0401669**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARGARITA  
5431 WEST 7TH AVENUE  
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

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

**589 West 27 Street**

City

**Hialeah**

**FL**

Zip Code

**33010**

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

*Margarita Rodriguez*  
Signature, typed or printed name of registered agent and title is acceptable

*Margarita Rodriguez President*  
(NOTE: Registered Agent signature required when instituting)

*4/26/06*  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RODRIGUEZ, MARGARITA  
STREET ADDRESS 5431 W. 7TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE VD ☐ Delete  
NAME RODRIGUEZ, HECTOR  
STREET ADDRESS 5431 W. 7TH AVE  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 589 West 27 Street  
CITY-ST-ZIP Hialeah, FL 33010

TITLE VP/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 589 West 27 Street  
CITY-ST-ZIP Hialeah, FL 33010

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

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

TITLE ☐ Change ☐ Addition  
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 Section 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:

*Margarita Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Margarita Rodriguez 4/26/06 (305) 885-5945*  
Date Telephone #