

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90031 024 ***150.00

DOCUMENT # L06029	
1. Entity Name 3 H'S INTERNATIONAL INC.	



Principal Place of Business 3 H'S INTERNATIONAL 3594 MAIN HWY COCONUT GROVE, FL 33133 US	Mailing Address 3 H'S INTERNATIONAL 3594 MAIN HWY COCONUT GROVE, FL 33133 US
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40084931



2. Principal Place of Business 14100 Palmetto FRT. RD. Suite, Apt. #, etc. #201	3. Mailing Address 14100 Palmetto FRT. RD. Suite, Apt. #, etc. #201
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05162005 Chg-P CR2E034 (10/03)

City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33016	Zip 33016
Country USA	Country USA

4. FEI Number 65-0134657	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENRY, HENAO HUGO 3592 MAIN HWY APARTMENT 1A COCONUT GROVE, FL 33133	
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7. Name and Address of New Registered Agent Name HE Street Address (P.O. Box Number is Not Acceptable) 14100 Palmetto FRT. RD. #201 City Miami Lakes FL Zip Code 33016	
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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	DATE X 5-16-05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HENAO, HUGO HENRY 3594 MAIN HWY COCONUT GROVE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14100 Palmetto FRT. RD #201 Miami Lakes, FL 33016
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 X 5-16-05 Daytime Phone # 305-8216222