## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2006 8:00 am Secretary of State 02-21-2006 90012 016 \*\*\*150.00

Zip Country Zip Country S. Country S. Country S. Country S. Country S. S. 75 Additional fee Required Sent Status Desired S. S. Additional fee Required Sent Sequence of Sent Address of New Registered Agent Tr. Name and Address of New Registered Agent Survey Address of Policia Survey Agent Address of New Registered Agent Survey Address of New Registered Agent Survey Address of New Registered Agent Survey Address of Policia Survey Agent Address of New Registered Agent Agent Address of N	1. Entity Name RH PLUS,		0094							
2. Principal Place of Business   2. Mailing Address   5uite, Apr. 4, etc.   5uite, Apr.	13370 SW 43 STREET		13370 SW 43 STREET							
Suite, Apr. 4. etc.  Cey & Suite  City  FL  City  City  FL  City  FL  City  FL  City  City  FL  City  City  FL  City  FL  City  City	IVIIAWII, I L 33		main, 12 33170							
City & State  City & State  City & State  City & State  A. FEI Number 65-1018327  Zip  Country  7- Country  S. Certificate of Status Desired  S. S. 17 Administration of Status Desired  S. State Address of Current Registered Agent  Name  Name  Name  Name  Name  Street Address (P. O. Box Number is Not Acceptable)  City  FL  Zip Code  City S. Street Address (P. O. Box Number is Not Acceptable)  Name  City Of Change of States of Pool Box Number is Not Acceptable.  FILE Nowliti FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  After May 1, 2008 F	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country Status Desired Status Desir	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312006	Chg-P	CR2E03	34 (11/05)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  BLANCO, VOLANDA  13370 SW 43 STREET  MIAMI, FL 33175  City FL Zip Code  City FL Department of the purpose of changing is registered office or registered agent, or both, in the State of Florids. I am familiar with, and at the behavior of registered agent.  Signature:	City & State		City & State		1			Applied For Not Applicable		
BLANCO, YOLANDA BLANCO, YOLANDO BLANCO, YOLANDA BLANCO, YOLANDA BLANCO, YOLANDA BLANCO, YOLANDO BLANCO, YOLAND	Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired			
BLANCO, YOLANDA  13370 SW 43 STREET  MIAMI, FL 33175  Eight Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the the obligators of registered agent, or both, in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida. I am familiar with, and at the the both in the State of Florida State		6. Name and Address of Curre	nt Registered Agent	<u></u>		7Name.and.	Address of New R			
Street Address (P. O. Box Number is Not Acceptable)	BLANCO,	/OLANDA			 					
B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    Sometime injective printed name of implaced agent and ser incolusion.   NOTE: Registered Agent separate inquired afform remission.   DATE    PO	13370 SW 43 STREET				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity aubmits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE    Sometime injection prince of implanted agent and seef resplication.   NOTE: Reposeed Agent agents of removary in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent, or both, in the State of Florida. I am familiar with, and act the obligation of registered agent, or both, in the State of Florida. I am familiar with, and act the obligation of registered agent, or both, in the State of Floridas. I am familiar with, and act the obligation of registered agent, or both, in the State of Floridas. I am familiar with, and act the obligation of registered agent, or both, in the State of Ploridas and Floridas and	-				City			<u>-</u> -	Zio Codi	
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SIGNATURE: Almandella HERNAND HUERTAS YPD 2/16/06	of the cor changed,	poration or the receive or trustee er or on an attachment with an addre	npowered to execute this reports with all other like empowered	t as requi I.	ired by Chapter 6	07, Florida Statute	s; and that my nam	further cert oath; that I a le appears in	ify that the in im an officer in Block 10 of	nformation or director Block 11 i