2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT

DOCUMENT # P00000104148

1. Entity Name

ARJÓMI-B.H. INTERNATIONAL INC.



05-05-2008 90249 023 ***150.00

May 05, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

12441 SW 130 ST MIAMI, FL 33186 12441 SW 130 ST MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

05012008 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1059103

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENTOV, SHLOMO 12441 SW 130 ST MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and ac	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	_
- 12	· · · · · · · · · · · · · · · · · · ·					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S BENTOV, SHLÓMO 12441 SW 130 ST MIAMI, FL 33186		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Daytime Phone #