
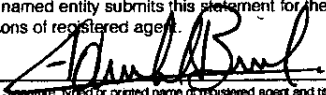
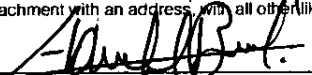


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90056 026 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P01000032393 1. Entity Name G & H ENTERPRISES, INC. | | | |  | |
| Principal Place of Business PO BOX 833 MIAMI, FL 33149 | | | Mailing Address PO BOX 833 MIAMI, FL 33149 | | |
| 2. Principal Place of Business 1012 Republic Ct. | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Deerfield Beach, FL | | | City & State | | |
| Zip 33442 | | Country USA | | Zip | |
| Country | | 4. FEI Number 65-1145886 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRANDAN, HAROLD 4000 CRANDON BLVD SOUTH 2-27 KEY BISCAYNE, FL 33149 | | | 7. Name and Address of New Registered Agent Name HAROLD BRANDAN Street Address (P.O. Box Number is Not Acceptable) 1012 Republic Ct. City Deerfield Beach, FL Zip Code 33442 | | |
| 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 4-1-04 <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 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P | <input type="checkbox"/> Delete NAME BRANDAN, HAROLD STREET ADDRESS 4000 CRANDON BLVD S-2-27 CITY-ST-ZIP KEY BISCAYNE, FL 33149 | | TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HAROLD BRANDAN STREET ADDRESS 1012 Republic Ct. CITY-ST-ZIP Deerfield Beach, FL 33442 | |
| TITLE Vice President | <input type="checkbox"/> Delete NAME JAYNE HEATHERLY STREET ADDRESS 1012 Republic Ct. CITY-ST-ZIP Deerfield Beach, FL 33442 | | TITLE Vice-President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAYNE HEATHERLY STREET ADDRESS 1012 Republic Ct. CITY-ST-ZIP Deerfield Beach, FL 33442 | |
| TITLE | <input type="checkbox"/> Delete NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME | |
| TITLE | <input type="checkbox"/> Delete NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME | |
| TITLE | <input type="checkbox"/> Delete NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME | |
| TITLE | <input type="checkbox"/> Delete NAME | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME | |
| 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:  | | | HAROLD BRANDAN | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-1-04 Daytime Phone # (954) 421-4351 | | |