

FILED
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Secretary of State

03-10-2008 90051 050 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000109580

1. Entity Name
3 H COMMUNICATIONS, INC.



40041230

Principal Place of Business
**1010 S.W. 1 ST
MIAMI, FL 33130**

Mailing Address
**1010 S.W. 1 ST
MIAMI, FL 33130**



02292008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1152789

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RIOS, HECTOR M
1010 S.W. 1 ST
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RIOS, HECTOR M
STREET ADDRESS 1010 S.W. 1 ST
CITY-ST-ZIP MIAMI, FL 33130

TITLE T ☒ Delete
NAME RIOS, IRENE
STREET ADDRESS 1010 SW 1 ST
CITY-ST-ZIP MIAMI, FL 33130

TITLE S ☐ Delete
NAME CASTELLON, MARITZA
STREET ADDRESS 1010 S.W. 1 ST
CITY-ST-ZIP MIAMI, FL 33130

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

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

TITLE T, S ☒ Change ☐ Addition
NAME Castellon, Maritza
STREET ADDRESS 1010 SW 1 ST
CITY-ST-ZIP Miami, FL 33130

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08

Date

(784) 663-5626

Daytime Phone #