

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90031 032 \*\*\*150.00

**DOCUMENT # P02000006724**

1. Entity Name  
J.H.F. INTERNATIONAL, INC.



Principal Place of Business  
12350 SW 132 CT  
207  
MIAMI, FL 33186

Mailing Address  
12350 SW 132 CT  
207  
MIAMI, FL 33186

40013743



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number  
03-0430978

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

YOLANA, JARAMILLO  
12350 SW 132 CT  
207  
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name  
DIANA CATALINA CAMARGO H.  
Street Address (P.O. Box Number is Not Acceptable)  
10902 NW 83 ST Apt #216  
City DORAL FL Zip Code 33178

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 Catalina Camargo DATE  Enero 28 / 08   
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JORGE 9110 FOUNTAINBLEAU BLVD MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD HERNANDEZ, IVONNE 9110 FOUNTAINBLEAU BLVD MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jorge Hernandez DATE  Enero 28 - 08  786 545 6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #