CAPITAL CONNECTION 850 222 1222 04/2

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90765 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000010587

1. Entity Name
M.H.B. Investments, Inc

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90117751

2. Principal Place of Business	3. Mailing Address
11111 Biscayne Blvd	SAME
Suite, Apt. #, etc. Suite 1105	Suite, Apt. #, etc. SAME
City & State North Miami, FL	City & State SAME
Zip 33181 Country USA	Zip Country

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4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name MELVIN TRIGE

Street Address (P.O. Box Number is Not Acceptable) 1090 Kane Concourse Suite 202

City Bay Harbor Isl. FL Zip Code 33154

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT + DIRECTOR
NAME	Victoria BRADBURN
STREET ADDRESS	11111 Biscayne Blvd.
CITY-ST-ZIP	No. Miami, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/03 (305) 893-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #