


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000019248
1. Entity Name
M H MANAGEMENT & INVESTMENT, INC.



Principal Place of Business 7500 SW 8ST 103-B MIAMI, FL 33144	Mailing Address 7500 SW 8ST 103-B MIAMI, FL 33144
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01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3029570	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASTRO, HAYDEE
14231 SW 34 STREET
MIAMI, FL 33144

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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 Y
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, HAYDEE 14231 SW 34 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, MEINARDO 14231 SW 34 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANOS, HAROLD 14231 SW 34 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

119.07(3)(f)
04/16/05-80048-001 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date: 3/22/05 Daytime Phone #: 305 8760140