

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 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**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number
74-3029570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTRO, HAYDEE
14231 SW 34 STREET
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

11000007553813
05/06/06-80139-001 158.75

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

305 871-7573