2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Nam RH MECH	nė.	# P0200002* ., INC.		FILED 06 MAY - 1 PM 2: 42							
Principal Place of Business C/O LINDA LARREA, P.A. 2300 CORAL WAY, SUITE 111 MIAMI, FL 33145			Mailing Address C/O LINDA LARREA, P.A. 2300 CORAL WAY, SUITE 111 MIAMI, FL 33145			1 18011501 (11	CRETARY LLAHASS	PO(1) AD(1) ((PG) MENE PHEE MEI EM		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006	Chg-P	CR2E	E034 (11/05)		
City & State			City & State			4. FEI Numbe 01-063			⊢ → ·	plied For t Applicable	
Zip		Country	Zip	Coun	try		of Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
	AL WAY,	SERVICES SUITE 103		- - -		Street Address (P.O. Box Number is Not Acceptable)					
					City			F	Zip Code	9	
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 at the obligations of registered agent.										and accept	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
10. OFFICERS AND DIRECTORS 11.						ADDITIONS/	CHANGES TO C	FFICERS A	ND DIRECTORS	3 IN 11	
TITLE NAME	PD	, RICHARD A	☐ Delete TITLE		1				☐ Change	Addition	
STREET ADDRESS		V 63 LANE		1	ET ADDRESS						
CITY-ST-ZIP	MIAMI, FI	L 33183			-ST-ZIP						
TITLE NAME	VD HAZBUN	, RICARDO	X Deleti	e TITLE NAM	1				☐ Change	☐ Addition	
STREET ADDRESS 2000 NORTH HIBISCUS DRIVE				STRE	ET ADDRESS • ST - ZIP						
CITY-ST-ZIP											
TITLE NAME	TSD ESPOSIT	O. ALICE C	e TITU Nam	1				☐ Change	☐ Addition		
STREET ADORESS					ET ADDRESS						
CITY-ST-ZIP									Change	☐ Addition	
NAME .			☐ Delet	e TITLI					☐ Change	☐ Addition	
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP			☐ Delet		-\$1-ZIP				☐ Change	Addition	
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ŞTREET ADDRESS CITY-ST-ZIP	i)	19/5/11			ET ADDRESS -ST-ZIP					ļ	
TITLE	 	9.(21.	☐ Delet						☐ Change	☐ Addition	
NAME				NAM	E				_	_	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP						
	L certify that th I on this repo	ne information supplied with int or supplemental report	h this filing does not questrue and accurate an			t in Chapter 119 same legal effec	, Florida Statute t as if made und	s. I further o	ertify that the in	nformation or director	
of the cor changed	rporation or t , or on an att	e information supplied with or supplemental report the receiver or trustee empachment with an address.	owered to execute this with all other like empo	report as requi wered.	red by Chapter 607	7, Florida Statute	s; and that my n	ame appear	s in Block 10 or	Block 11 if	
SIGNATURE: 4 9 1 24 06 3058560056											

- RICHARD A. HAZBUN