



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90701 040 \*\*\*150.00

<b>DOCUMENT # P02000047495</b>					
1. Entity Name <b>PMH INVESTMENTS, INC.</b>					
Principal Place of Business <b>15842 S.W. 82 ST MIAMI, FL 33193</b>			Mailing Address <b>15842 S.W. 82 ST MIAMI, FL 33193</b>		
2. Principal Place of Business <b>350 MINORCA AV. Suite, Apt. #, etc. Apt. # 02 Coral Gables, FL. Zip 33134 Country EE.UU</b>		3. Mailing Address <b>350 MINORCA AV. Suite, Apt. #, etc. Apt. # 02 Coral Gables, FL. Zip 33134 Country EE.UU</b>		  03092004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>01-0684195</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>TOVAR, ILEANA ARIAS ESQ 1725 MAIN STRET SUITE 205 WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name <b>EILYN ZAMBRANO</b> Street Address (P.O. Box Number is Not Acceptable) <b>350 MINORCA AV. Apt. # 02</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>		
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 <u><i>Eilyn Zambrano</i></u> DATE <u>03-31-04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, YOUMAR		NAME	ZAMBRANO, EILYN	
STREET ADDRESS	9153 SW 141 PL		STREET ADDRESS	350 MINORCA AV. APT. # 02	
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP	CORAL GABLES, FL.	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANTEN, MERANGEL		NAME		
STREET ADDRESS	9153 SW 141 PL		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33186		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Eilyn Zambrano</i></u>			03-31-04 786-5872452		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		