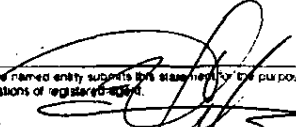
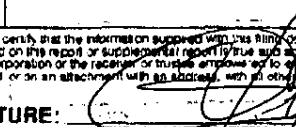


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90108 016 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

70055130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000047495</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| 1. Entity Name<br><b>PMH INVESTMENTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |  |
| Principal Place of Business<br><b>9153 SW 141 PL<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Mailing Address<br><b>9153 SW 141 PL<br/>MIAMI, FL 33186</b>                      |  |
| 2. Principal Place of Business<br><b>15842 SW 82 ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 3. Mailing Address<br><b>15842 SW 82 ST.</b>                                      |  |
| City & State<br><b>Miami FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | City & State<br><b>Miami FL</b>                                                   |  |
| Zip<br><b>33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Zip<br><b>33193</b>                                                               |  |
| Country<br><b>EE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Country<br><b>EE</b>                                                              |  |
| 4. FEI Number<br><b>01-0684195</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                   |  |
| 5. Candidate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><b>TOVAR, KEANA ARIAS ESQ<br/>1726 MAIN STREET SUITE 206<br/>WESTON, FL 33326</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 7. Name and Address of New Registered Agent                                       |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Name                                                                              |  |
| Street Address (P.O. Box number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Street Address (P.O. Box number is Not Acceptable)                                |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City                                                                              |  |
| State<br><b>FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | State<br><b>FL</b>                                                                |  |
| Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Zip Code                                                                          |  |
| 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 approve the contents of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |  |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | DATE<br><b>04/29/03</b>                                                           |  |
| Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |  |
| TITLE<br><b>PTD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| NAME<br><b>ALVARADO, YOMAR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | NAME                                                                              |  |
| STREET ADDRESS<br><b>9153 SW 141 PL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | STREET ADDRESS                                                                    |  |
| CITY-STATE-ZIP<br><b>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | CITY-STATE-ZIP                                                                    |  |
| TITLE<br><b>VSD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| NAME<br><b>LANTEN, MERANGEL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | NAME                                                                              |  |
| STREET ADDRESS<br><b>9153 SW 141 PL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | STREET ADDRESS                                                                    |  |
| CITY-STATE-ZIP<br><b>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | CITY-STATE-ZIP                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | STREET ADDRESS                                                                    |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CITY-STATE-ZIP                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | STREET ADDRESS                                                                    |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CITY-STATE-ZIP                                                                    |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | NAME                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | STREET ADDRESS                                                                    |  |
| CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | CITY-STATE-ZIP                                                                    |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(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; employed or to employ; and report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or in an attachment with an address, with an office if he is employed. |  |                                                                                   |  |
| SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | DATE<br><b>04/29/03</b>                                                           |  |

CORPORATION (10/02)