

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122678

Entity Name: M.B.H.E. INVESTMENTS, INC.

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

2180 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

2180 W OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

New Mailing Address:

FEI Number: 16-1640105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RISACK, BARRY
Address: 7431 VISTA PALMS WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: DVP () Delete
Name: DINNEMAN, HELEN
Address: 7428 LAURELS PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: DS () Delete
Name: RISACK, EILEEN
Address: 7431 VISTA PALMS WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: DINNEMAN, MARVIN
Address: 7428 LAURELS PLACE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY RISACK

PRES

02/24/2009

Electronic Signature of Signing Officer or Director

Date