## 2004 FOR PROFIT CORPORATION

## FILED Mar 31, 2004 8:00 am

ANNUAL REPORT								Secretary of State					
DOCUMENT # P0300040175  1. Entity Name V & H INVESTMENTS, INC.									03-31-2004	-			
Principal Place of Business 5700 N ANDREWS AVE FT LAUDERDALE, FL 33309				Mailing Address 5700 N ANDRE FT LAUDERDAL	09		44022556						
2. Principal Place of Business 3223 NW 35Th Way				3. Mailing Address 3223 NW 35Th W									
Suite, Apt. #, etc.				Suite, Apt. #, e			02162004	Chg-P	CR2EC	34 (10/03)			
City & State		Lakes,	FL	City & State	ale Le	kes,	۴L	4. FEI Numb	880455	_	<del></del>	plied For EApplicable	
Zip 333 <i>0</i> 9		Country USA		Zip , 33309		Country USA			of Status Desired		\$8.75 Add Fee Required		
								-7. Name and Address of New Registered Agent					
1840 SW 22ND ST.							Street Address (P.O. Box Number is Not Acceptable)						
4 <del>TH FLOOR -</del> MIAMI, EL 33145						322	3223 NW 35Th Way.						
						City	aude	erdale	Lakes	FL	. بدد	3 <del>0 \</del>	
	named entititions of regist		ement for	the purpose of cha	nging its re	gistered office o	r register	red agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE X CLUARO J - VLCO GENERAL Signature typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature requ								T. Yeras 2/16/04 ed when reinstating) DATE					
		FEE IS \$150. 4 Fee will be			n Campaign und Contrib		<b>\$5</b> Add	.00 May Be led to Fees				. , ,	
10.	DTD	OFFICE	RS AND E	DIRECTORS		11.		ADDITIONS	/CHANGES TO OFF	ICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5700 N AI	A, MANUEL A NDREWS AVE ERDALE, FL 33	309	<b>≥</b> De	rlete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Charige	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	5700 N A	GENARO J NDREWS AVE ERDALE, FL 33	309	□ De	lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32	13 NW	. veras 357h W le Leikes	مع	Change	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ De	lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S	, D ra Ro			☐ Change	<b>X</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY+ST-ZIP				□ De	elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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: X. SIGNATURE AND EVEN OF PRINTER MADE OF PLANTS OF SIGNATURE OF SIGN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/16/04 Date