2007 FOR PROFIT CORPORATION

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** 04-16-2007 90083 035 ***150.00 **DOCUMENT # P03000040175** 1. Entity Name V & H INVESTMENTS, INC. Principal Place of Business Mailing Address 40062967 3223 NW 35TH WAY 3223 NW 35TH WAY FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Numbe Applied For 14-1880655 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VERAS, GENARO J Street Address (P.O. Box Number is Not Acceptable) 3223 NW 35TH WAY FORT LAUDERDALE, FL 33309 City 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 accept the obligations of registered agent SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD TITLE TITLE ☐ Delete ☐ Change ☐ Addition VERAS, GENARO J NAME NAME STREET ADDRESS 3223 NW 35TH WAY STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP

FILED

Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TITLE

NAME

STREET ADDRESS

CITY-\$1-ZIP

| SIGNATURE: X Genus Veros Genaro J. Veras | 4/2/07 | (954)733.9514 |
|--------------------------------------------------------------------|--------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

☐ Delete

THTLE

NAME

STREET ADDRESS

CITY-ST-ZIP