

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90249 032 ***150.00

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1. Entity Name
M & H INVESTMENTS 8010, INC.



40000293



01042007 Chg-P CR2E034 (12/06)

4. FE Number
57-1171757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Principal Place of Business
2285 W. 80TH ST., BAY 1
HIALEAH, FL 33016

Mailing Address
2285 W. 80TH ST., BAY 1
HIALEAH, FL 33016

2. Principal Place of Business - No P.O. Box #

8055 W 23 AVE

3. Mailing Address

8055 W 23 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY #2

BAY #2

City & State

City & State

HIALEAH FL

HIALEAH FL

Zip

Zip

33016

33016

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

HUIZENGA, PAUL
2285 W. 80TH ST., BAY 1
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name
MARCELO MERLO
Street Address (P.O. Box Number is Not Acceptable)

8055 W 23 AVE #2

City
HIALEAH

FL

Zip Code

33016

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]

MARCELO MERLO VICE-PRESIDENT

1/4/2007

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HUIZENGA, PAUL 2285 W. 80TH ST., BAY 1 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAUL HUIZENGA 8055 W 23 AVE #2 HIALEAH, FL 33016	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MERLO, MARCELO 8055 W 23RD AVE., #2 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO MERLO

1/4/07 305-318-4736

Daytime Phone *