

2004 FOR PROFIT CORPORATION ANNUAL REPORT

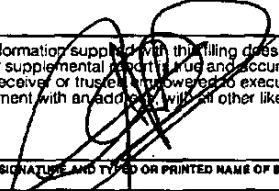
FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90714 042 ***150.00

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04212004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000105657					
1. Entity Name HAMHA INVESTMENTS INC.					
Principal Place of Business 2875 N.E. 191ST STREET, 801 AVENTURA, FL 33180			Mailing Address 2875 N.E. 191ST STREET, 801 AVENTURA, FL 33180		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-0851571				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERBER, DANIEL J ESQ. 2875 N.E. 191ST STREET, 801 AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D	☐ Delete	TITLE	ALEGRA DABAH	☐ Change ☒ Addition
NAME	HAMUI, LEON H		NAME	2875 NE 191 STREET, 801	
STREET ADDRESS	2875 N.E. 191ST STREET, 801		STREET ADDRESS	AVENTURA FL. 33180	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME	HAMUI, LEON H	
STREET ADDRESS			STREET ADDRESS	Director	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME	ALEGRA DABAH	
STREET ADDRESS			STREET ADDRESS	DIRECTOR	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 an other like empowered.					
SIGNATURE: 		LEON HAMUI		04-21-04 (Date) 932-6262 (Daytime Phone #)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					