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May 27, 2004 8:00 am
Secretary of State

05-03-2004 90714 042 ***150.00

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105657

1. Entity Name
HAMHA INVESTMENTS INC.

Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET, 801 AVENTURA, FL 33180	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

04212004 Chg-P CR2E034 (10/03)

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

SERBER, DANIEL J ESQ.
2875 N.E. 191ST STREET, 801
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

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	D	☐ Change ☒ Addition
NAME	HAMUI, LEON H		NAME	ALEGRA DABAH	
STREET ADDRESS	2875 N.E. 191ST STREET, 801		STREET ADDRESS	2875 NE 191 STREET, 801	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	AVENTURA FL. 33180	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HAMUI, LEON H Director	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALEGRA DABAH DIRECTOR	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / 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 all other like empowered.

SIGNATURE: LEON HAMUI 04-21-04 (305) 932-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #