2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 18, 2005 8:00 am Secretary of State

DOCUMENT # P03000109144 1. Entity Name O.H.U., INC.			07-18-2005 90045 032 ***150.00				
Principal Place of Business 895 NE 125TH STREET NORTH MIAMI, FL 33161	Mailing Address 895 NE 125TH STREET NORTH MIAMI, FL 3316	1	1.0000000111	A RIBA ETIH BATH BAIM BA	500557	#1841 H 1881	
2. Principal Place of Business	3. Maiting Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E034 (10/03)	٠,	
City & State	City & State	City & State		er		oplied For	
Zip Country	Zip	Zip Country		0251 of Status Desired	□ \$8.75 Ad		
6. Name and Address of	Current Registered Agent			Address of New F	Fee Require	ed	
		Name					
HUGHES, OLIVIA 895 NE 125TH STREET NORTH MIAMI, FL 33161		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
,		City			Zip Coo	le	
The above named entity submits this stat				W. 1. d O	ГЬ	·	
the obligations of egistered agent. SIGNATURE	Highes	Registered Agent signature require		7/18	5/2005 DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fina Trust Fund Contribution.							
10. OFFICE			ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
NAME HUGHES, OLIVIA STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 3316	□ 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-2IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-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	
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
I hereby certify that the information supplindicated on this report or supplemental	olied with this filing does not qualify for the report is true and accurate and that my tee empowered to execute this report as	he exemption stated in S r signature shall have the	ection 119.07(3)(same legal effects	i), Florida Statutes.	I further certify that the i	nformation or director	