


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90397 019 \*\*\*150.00

DOCUMENT # P03000109144		
1. Entity Name O.H.U., INC.		

Principal Place of Business 895 NE 125TH STREET NORTH MIAMI, FL 33161	Mailing Address 895 NE 125TH STREET NORTH MIAMI, FL 33161
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2. Principal Place of Business	3. Mailing Address <i>1451 NW 138th St.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Miami, FL</i>
City & State	City & State
Zip	Country
	<i>33167 US</i>

**40075531**



04262006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0280251	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  HUGHES, OLIVIA 895 NE 125TH STREET NORTH MIAMI, FL 33161	7. Name and Address of New Registered Agent Name <i>Olivia Hughes</i> Street Address (P.O. Box Number is Not Acceptable) <i>1451 NW 138th Street</i> City <i>Miami</i> FL Zip Code <i>33167</i>
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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 *Olivia Hughes* (NOTE: Registered Agent signature required when reinstating) DATE *4/26/06*

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUGHES, OLIVIA 895 NE 125TH STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Olivia Hughes* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE *4/26/06* Daytime Phone #