

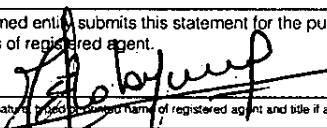
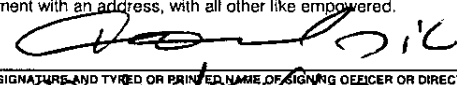


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90278 021 \*\*\*150.00

<b>DOCUMENT # P03000137896</b> 1. Entity Name <b>OBH 22, INC.</b>					
Principal Place of Business <b>2999 NW 191ST STE 900 AVENTURA, FL 33180</b>			Mailing Address <b>17600 COLLINS AVE SUNNY ISLES BCH, FL 33160</b>		
2. Principal Place of Business <b>17600 COLLINS Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address  <small>Suite, Apt. #, etc.</small>			
City & State <b>SUNNY ISLES Bch, FL</b>		City & State  		4. FEI Number <b>51-0490875</b>	
Zip <b>33160</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHIFFMAN, ADAM R ESQUIRE 2999 NE 191 ST STE 900 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>MARIA E ROBAYNA</b> Street Address (P.O. Box Number is Not Acceptable) <b>17600 COLLINS Avenue</b> City <b>SUNNY ISLES Bch</b> FL Zip Code <b>33160</b>	
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:  DATE: <b>04/19/05</b> <small>Signature must be signed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHIFFMAN, ADAM R 2999 NE 191 ST STE 900 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CONSUELO VILAR 17600 COLLINS AVENUE SUNNY ISLES Bch FL 33160
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>04/19/05 305-917-7600</b> <small>Date Daytime Phone #</small>	