

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000142443					
1. Entity Name BIG "H" OF FLORIDA INC.					
Principal Place of Business 601 FAIRWOOD AVE. APT. 188 CLEARWATER FL 33759			Mailing Address 601 FAIRWOOD AVE. APT. 188 CLEARWATER FL 33759		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2420759	
5. Name and Address of Current Registered Agent HERNANDEZ, HENRY 601 FAIRWOOD AVE. APT. 188 CLEARWATER FL 33759				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	HERNANDEZ, HENRY		NAME	UN00001493598	
STREET ADDRESS	601 FAIRWOOD AVE., APT. 188		STREET ADDRESS	04/12/06-80005-022 150.00	
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	HERNANDEZ, MARIO		NAME		
STREET ADDRESS	601 FAIRWOOD AVE., APT. 188		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	HERNANDEZ, SARA		NAME		
STREET ADDRESS	601 FAIRWOOD AVE., APT. #188		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33759		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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 exemptions contained in Section 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.

SIGNATURE: *[Signature]*

3/23/06