## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 14, 2005 8:00 am Secretary of State

DOCUMENT # P0400009693  1. Entity Name L.H.M INC.						04-14-2005	90104 003	***150	.00		
Principal Place of Business Mailing Address							-				
13418 SW 3 ( DAVIE, FL 33		13418 SW 3 COURT DAVIE, FL 33325				*					
2. Principal Pla	ace of Business EAST RIVER DR.	3. Mailing Address 2200 EAST RIVER DR					10 <b>10</b> 0 100 100 1				
Suite, Apt.		Suite, Apt. #, etc.			03032005						
MARGATE FC.		City & State MARGATE		FL	4. FEI Numbe	" 43 20	90214	J	Applicable		
Zip 33063 Country		Zip 33063	22002			5. Certificate of Status Desired			Fee Required		
	6. Name and Address of Current F	Registered Agent		Name		Address of New i	Registered Age	<u>nt </u>			
CERTAIN,	PATRICK		Name SAME								
13418 SW DAVIE, FL	3 COURT				Street Address (P.O. Box Number is Not Acceptable)						
4	, 3 , 5			<del></del>	2200 EAST RIVER DR.				_		
City Malgare FL Zip ggg ob3											
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)  OATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	RECTORS	IN 11		
TITLE	PD	☐ Delete TITE		£	CERTAIN	PATRICE	<u>.</u>	Change	Addition		
NAME STREET ADDRESS	22(1) 11,1,1 11.11.11		NAM STRI	EET ADDRESS	N 2	0 13 . (4 )	- T		رهاه وها		
CITY+\$T+ZIP	DAVIE, FL 33325		CITY		42	RGATE F					
TITLE	VD ☐ Delete ™			<b>I</b>	CLEUMBL	ILL CARO	il E	Change	Addition		
NAME STREET ADDRESS	FREUNDLICH, CAROL 13418 SW 3 COURT			AE EET ADDRESS	0.000	EUUDLICH CAROL CANIRES					
CITY-ST-ZIP	DAVIE, FL 33325		CITY	r-ST-ZIP				40			
TITLE	•	☐ Delete	TITL		_	_		Change	☐ Addition		
NAME STREET ADDRESS		•	NAM STR	EET ADDRESS	•						
CITY+ST-ZIP			CIT	Y-ST-ZIP							
TITLE		☐ Delete	TITL					Change	Addition		
NAME STREET ADDRESS			NAM STR	REET ADDRESS				•			
CITY-ST-ZIP			CIT	Y-ST-ZIP							
TITLE		☐ Delete	TITI NAI	li li				Change	☐ Addition		
NAME STREET ADDRESS				REET ADDRESS							
CITY-ST-ZIP			CIT	Y-ST-ZIP							
TITLE		☐ Delete	TITI NAI	l l				Change	Addition		
NAME STREET ADDRESS				REET ADDRESS							
CITY-ST-ZIP		<u> </u>		Y-ST-ZIP				<del></del>			
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											
of the co	rporation or the receiver or trustee emp i, or on an attachment with an address,	owered to execute this report with all other like empowered	as requ	uired by Chap	нег бол, Florida Statul 🏠	les; and that my na	me appears in t	NOCK 10 OF	DIOCK IT II		
		TATER	FES	(500) F	<del>~</del>	3/3/04	d243	36 27	رمه		
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER			<del></del>	Date	Day	ime Phone #	<del></del>		