


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90016 041 ***150.00

DOCUMENT # P04000023369		
1. Entity Name IHVH INC.		

Principal Place of Business 9601 COLLINS AVE APT 1008 MIAMI BEACH, FL 33154	Mailing Address 9601 COLLINS AVE APT 1008 MIAMI BEACH, FL 33154
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40000011

2. Principal Place of Business 7451 HARDING AVENUE Suite, Apt. #, etc.	3. Mailing Address 7451 HARDING AVENUE Suite, Apt. #, etc.
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City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL	4. FEI Number 51-0495792	Applied For Not Applicable
Zip 33141	Country	Zip 33141	Country

01112005 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAFDIE, ISAAC E 9601 COLLINS AVE APT 1008 MIAMI BEACH, FL 33154		7. Name and Address of New Registered Agent Name SAFDIE, ISAAC E Street Address (P.O. Box Number is Not Acceptable) 7451 HARDING AVENUE City MIAMI BEACH FL Zip Code 33141	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	P SAFDIE, ISAAC E 9601 COLLINS AVE APT 1008 MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAFDIE, ISAAC E 7451 HARDING AVENUE MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, EUGENIA 9601 COLLINS AVE APT 1008 MIAMI BEACH, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, EUGENIA 7451 HARDING AVENUE MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ **1/11/2005** **(786)344-6178**
Signature and typed or printed name of signing officer or director Date Daytime Phone #