


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000026892		
1. Entity Name J & H MORTGAGE INVESTMENT CORPORATION		

Principal Place of Business 4000 N. STATE RD 7 SUITE 401 LAUDERDALE LAKES, FL 33319 US	Mailing Address 4000 N. STATE RD 7 401 LAUDERDALE LAKES, FL 33319 US
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2. Principal Place of Business 3343 W. Comm. Blvd Suite, Apt. #, etc. Ste 104 City & State Fort Lauderdale, FL Zip 33309 Country Broward	3. Mailing Address 3343 W. Comm. Blvd Suite, Apt. #, etc. Ste 104 City & State Fort Lauderdale, FL Zip 33309 Country Broward
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6. Name and Address of Current Registered Agent  DORVAL, HERBY 4000 N. STATE RD 7 401 LAUDERDALE LAKES, FL 33319	7. Name and Address of New Registered Agent Name <u>Herby Dorval</u> Street Address (P.O. Box Number is Not Acceptable) <u>3343 W. Commercial Blvd Ste 104</u> City <u>Fort Lauderdale, FL</u> Zip Code <u>33309</u>
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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 <u>Herby Dorval</u> <u>President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>08-24-05</u>
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Amended AR is \$61.25	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 DORVAL, HERBY 4000 N. STATE RD 7 STE 401 LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>000059393351</u> <input type="checkbox"/> Addition <u>09/07/05--01027--017</u> <u>**\$1.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOLCE, SOUFANCE 4000 N. STATE RD 7 LAUDERDALE LAKES, FL 33319 <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	D/S DORVAL, JULINA 4000 N. STATE RD 7 STE 401 LAUDERDALE LAKES, FL 33319 <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	VP TIMOTHEE, LEONARD 5260 SW 131 TER MIRAMAR, FL 33027 <input checked="" 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
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 <u>Herby Dorval</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>08-24-05</u> <small>Daytime Phone #</small>
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05 AUG 25 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08242005 Chg-P CR2E034 (10/03)

4. FEI Number 81-0648473	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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