


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90058 015 \*\*\*150.00

<b>DOCUMENT # P04000052498</b>					
<b>1. Entity Name</b> MAH & ASSOCIATES, INC					
<b>Principal Place of Business</b> 9050 PINES BLVD. STE. #480 PEMBROKE PINES, FL 33025			<b>Mailing Address</b> 9050 PINES BLVD. STE. #480 PEMBROKE PINES, FL 33025		
<b>2. Principal Place of Business - No P.O. Box #</b> 9050 PINES BLVD			<b>3. Mailing Address</b> 9050 PINES BLVD		
<b>Suite, Apt. #, etc.</b> STE # 455			<b>Suite, Apt. #, etc.</b> STE # 455		
<b>City &amp; State</b> PEMBROKE PINES FL			<b>City &amp; State</b> PEMBROKE PINES FL		
<b>Zip</b> 33024		<b>Country</b> US		<b>Zip</b> 33024	
<b>Country</b> US		<b>4. FEI Number</b> 55-0862042			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b> HERON, MICHAEL A 9050 PINES BLVD. STE. #480 PEMBROKE PINES, FL 33025			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 9050 PINES BLVD STE # 455 City PEMBROKE PINES FL Zip Code 33024		
<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.</b> SIGNATURE <u>Michael A Heron</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> HERON, MICHAEL A <b>STREET ADDRESS</b> 9050 PINES BLVD., STE. #480 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9050 PINES BLVD STE # 455 PEMBROKE PINES FL 33024				
<b>TITLE</b> D <input type="checkbox"/> Delete <b>NAME</b> LAFOREST, LEONARD J <b>STREET ADDRESS</b> 9050 PINES BLVD., STE. #480 <b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9050 PINES BLVD STE # 455 PEMBROKE PINES FL 33024				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Michael A Heron</u> <b>MICHAEL HERON DIRECTOR</b> <b>5/18/2007</b> <b>954 437 6167</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					