

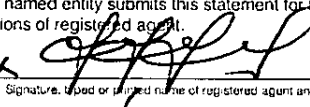
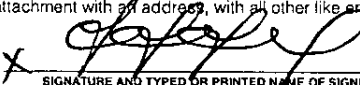


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90199 031 \*\*\*150.00

<b>DOCUMENT # P04000124352</b> 1. Entity Name <b>GHD ENTERPRISES, CORP.</b>					
Principal Place of Business <b>5234 W 24 AVE</b> <b>HIALEAH, FL 33016 US</b>		Mailing Address <b>5234 W 24 AVE</b> <b>HIALEAH, FL 33016 US</b>			
2. Principal Place of Business <b>7814 W 30th Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>7814 W 30th Ct.</b> Suite, Apt. #, etc.			
City & State <b>Hialeah FL</b> Zip Country <b>33018 USA</b>		City & State <b>Hialeah FL</b> Zip Country <b>33018 USA</b>		4. FEI Number <b>20-1553673</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DIAZ, HILDA M</b> <b>5234 W 24 AVE</b> <b>HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name <b>DIAZ, Hilda M</b> Street Address (P.O. Box Number is Not Acceptable) <b>7814 W 30th Ct</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33018</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. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P DIAZ, HILDA M 5234 W 24 AVE HIALEAH, FL 33016</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Diaz, Hilda M 7814 W 30th Ct Hialeah FL 33018</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MUNOZ, GLORIA BEATRIZ</b> <b>7814 W. 30TH CT</b> <b>HIALEAH GARDENS, FL 33018</b> <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	
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: 			04/25/05 Date Daytime Phone #		