

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90381 005 ***150.00

DOCUMENT # P04000124352

1. Entity Name
GHD ENTERPRISES, CORP.



Principal Place of Business

**1055 WEST 29TH ST
SUITE 1 (2ND FLOOR)
HIALEAH, FL 33012 US**

Mailing Address

**PO BOX 160488
HIALEAH, FL 33016 US**

2. Principal Place of Business - No P.O. Box #

3414 WEST 84th Street

3. Mailing Address

Suite, Apt. #, etc.

SUITE D-106

City & State

HIALEAH GARDENS, FLORIDA

City & State

Zip

33018

Country

USA

Zip

Country

04252008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-1553673

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, HILDA M
1055 WEST 29TH ST
SUITE 1 (2ND FLOOR)
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DIAZ, HILDA M**
STREET ADDRESS **1055 WEST 29TH ST SUITE 1 (2ND FLOOR)**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **DIAZ, HILDA M**
STREET ADDRESS **3414 WEST 84th ST SUITE D-106**
CITY-ST-ZIP **HIALEAH GARDENS, FL 33018**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

[Signature] 04/25/08