

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 042 ***150.00

DOCUMENT # P04000126223 1. Entity Name AHD INVESTMENTS, INC.			
Principal Place of Business 4520 N.E. 18TH AVE. 400 OAKLAND PARK, FL 33334		Mailing Address 4520 N.E. 18TH AVE. 400 OAKLAND PARK, FL 33334	
2. Principal Place of Business - No P.O. Box # 1975 E. Sunrise Blvd. Suite, Apt. #, etc. Suite 616 City & State Ft. Laud., FL. 33304 Zip Country		3. Mailing Address 1975 E. Sunrise Blvd. Suite, Apt. #, etc. Suite 616 City & State Ft. Laud., FL. 33304 Zip Country	
4. FEI Number 01-0820518		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HODKIN, ADAM 350 E. LAS OLAS BOULEVARD SUITE 1440 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Andrea Yuran Street Address (P.O. Box Number is Not Acceptable) 1975 E. Sunrise Blvd., Suite 616 City Ft. Lauderdale FL Zip Code 33304	
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><i>Andrea Yuran</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME YURAN, ANDREA STREET ADDRESS 1127 N.VICTORIA PARK ROAD CITY-ST-ZIP FT. LAUDERDALE, FL 33304	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Andrea Yuran</i></u> ANDREA YURAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/08</u> Daytime Phone # <u>954-828-1717</u>	

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