


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-14-2008 90002 041 ***150.00

DOCUMENT # P05000146354					
1. Entity Name M H DESIGN & INSTALLATIONS, INC.					
Principal Place of Business 19550 S.W. 103RD COURT MIAMI, FL 33157			Mailing Address 19550 S.W. 103RD COURT MIAMI, FL 33157		
2. Principal Place of Business - No P.O. Box # 10715 SW 190TH ST.		3. Mailing Address 10715 SW 190TH ST.			
Suite, Apt. #, etc. #38		Suite, Apt. #, etc. #38			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33157		Country USA		Zip 33157	
Country USA		05232008 Chg-P CR2E034 (12/06)			
4. FEI Number 20-3714309				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			7. Name and Address of New Registered Agent		
MARTINEZ, GUILLERMO 10729 S.W. 104TH STREET MIAMI, FL 33176			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 _____ (NOTE: Registered Agent signature required when releasing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEDRANO, ULVIA V 19550 S.W. 103RD COURT MIAMI, FL 33157	<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	D HAMIDZADEH, GHOLAMREZA 19550 S.W. 103RD COURT MIAMI, FL 33157	<input type="checkbox"/> Delete	P HAMIDZADEH GHOLAMREZA 10715 S. W. 190TH ST #38 MIAMI, FLORIDA 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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 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 or other like empowered.					
SIGNATURE: _____			105/28/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		