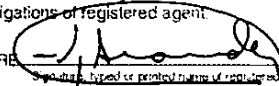
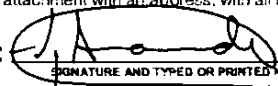


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90081 045 ***150.00

DOCUMENT # P05000157950 1. Entity Name V & H CONSULTANTS, INC.					
Principal Place of Business 684 SIESTA KEY CIRLCE APTO #2113 DEERFIELD BEACH, FL 33441 US			Mailing Address 684 SIESTA KEY CIRLCE APTO #2113 DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business - No P.O. Box # 1932 SW 60TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 1932 SW 60TH AVENUE Suite, Apt. #, etc.		40046630 	
City & State NORTH LAUDERDALE, FL Zip 33068		City & State NORTH LAUDERDALE Zip 33068		4. FEI Number 81-0681507	
Country BROWARD		Country BROWARD		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, VICTOR M SR. 684 SIESTA KEY CIRCLE APTO #2113 DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name HERNANDEZ, VICTOR M Street Address (P.O. Box Number is Not Acceptable) 1932 SW 60TH AVENUE City NORTH LAUDERDALE, FL Zip Code 33068	
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  DATE _____ (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, VICTOR M SR. 684 SIESTA KEY CIRCLE/ APTO # 2113 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LEON, WENDY 684 SIESTA KEY CIRCLE/ APTO # 2113 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered					
SIGNATURE: 			Date 3/22/07 (754) 422-8796		