2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098963

Entity Name: THB INTERNATIONAL INC

FILED Apr 22, 2009 Secretary of State

The state of the s	TERROTTON ENTO.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:		
801 BRICKELL AVE., MIAMI, FL 33131	SUITE 924				
Current Mailing Address:		New Maili	New Mailing Address:		
801 BRICKELL AVE., SUITE 924 MIAMI, FL 33131		2929 SW THIRD AVENUE SUITE 924 MIAMI, FL 331292710 US			
FEI Number: 90-0424103	FEI Number Applied For ()	FEI Number Not Appl	olicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Na			d Address of New Registered Agent:		
WAYNE, GEOFFREY 2929 SW 3RD AVE., 8 MIAMI, FL 33129 L	M SUITE 330 JS				
The above named enting the State of Florida.	ty submits this statement for the purp	pose of changing it	its registered office or registered agent, or both	l,	
SIGNATURE:				_	
Electronic Signature of Registered Agent			Date	-	
Election Campaign Finan	cing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DP () Change (X) Addition RIVERA, JUAN 801 BRICKELL AVE, SUITE 924 MIAMI, FL 33131 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DVP () Change (X) Addition BENEDIT, RONALD 801 BRICKELL AVE, SUITE 924 MIAMI, FL 33131 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition WILKINSON, ROBERT 801 BRICKELL AVE, SUITE 924 MIAMI, FL 33131 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition KINGABY, CRAIG 801 BRICKELL AVE, SUITE 924 MIAMI, FL 33131 US		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition CARR, STEVEN 801 BRICKELL AVE, SUITE 924 MIAMI, FL 33131 US		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN RIVERA DP 04/22/2009