

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90004 025 \*\*\*150.00

**DOCUMENT # P93000016280**

1. Entity Name

O & H INTERNATIONAL, INC.



Principal Place of Business

2238 NW 7TH ST.  
MIAMI FL 33125  
US

Mailing Address

2238 NW 7TH ST  
~~PMB 285~~  
MIAMI FL 33125  
US

2. Principal Place of Business

3. Mailing Address

2238 N.W. 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

Zip

Country

Zip

Country

33125

USA

4. FEI Number

65-0392276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, NIURKA M  
812 NW 135TH ST  
MIAMI FL 33182

Name

NIURKA Rodriguez

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

320 N.W. 123 Ave

City

Miami

FL

Zip Code

33182

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 \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, NIURKA M	
STREET ADDRESS	812 NW 135TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY TEJEDA	
STREET ADDRESS	812 NW 135TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	A	<input type="checkbox"/> Delete
NAME	OMAR RODRIGUEZ	
STREET ADDRESS	812 NW 135TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	320 N.W. 123 AVE	
CITY-ST-ZIP	Miami FL. 33182	
TITLE	11	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-634-4100