


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 05, 2004 08:00 AM  
Secretary of State

DOCUMENT # P96000078750 1. Entity Name K & H CONSTRUCTION GROUP, INC.	
---	---

Principal Place of Business % HIRAM ISALGUE, JR. 10501 S.W. 99 AVENUE MIAMI, FL 33176	Mailing Address % HIRAM ISALGUE, JR. 10501 S.W. 99 AVENUE MIAMI, FL 33176
--	--



05032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0727626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ISALGUE, HIRAM JR. 10501 S.W. 99 AVENUE MIAMI, FL 33176
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

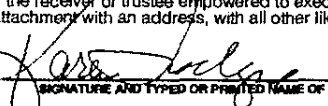
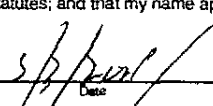
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISALGUE, HIRAM JR. 10501 S.W. 99 AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISALGUE, KAREN 10501 S.W. 99 AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000156132  
05/05/04-80086-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 # \_\_\_\_\_