2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

1. Entity Name	MENT # P960000974 H INTERNATIONAL, INC.	:08			Secreta	ny oi State.
		Mailing Address 13426 2ND AVE, NE BRADENTON, FL 34202				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01072006 No Chg-P CR2E034 (11/05) 4. FEI Number		
PATEL, LA 13426 2NO BRADENT	ITIKA B	DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and		red office or register	* • * * * * * * * * * * * * * * * * * *		f am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution				.00 May Be led to Fees	Unnooo38 01/13/06-80	4132 1829-883 150.88
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D PATEL, LATIKA B 13426 2ND AVE. NE BRADENTON, FL 34202 P PATEL, BHARAT 13426 SECOND AVE NE BRADENTON, FL 34212	RECTORS		.: • ••		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· • • • • • • • • • • • • • • • • • • •	- 		NOT WR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		ar — ১৮৮৫ শ্রেমণ্ডক্তি ডে.				· · · · · · · · · · · · · · · · · · ·
12 i hereby	certify that the information supplied with the control of the report or supplemental report is the receiver or trustee and on the receiver or trustee and of the receiver or trustee and of the receiver or or on an attachment with an address, with the receiver of the receiver or	his filing does not qualify for the erue and accurate and that my signered to execute this epott as required to execute this epott as required to the fike empowered.	xémptions contained lature shall have the uired by Chapter 60	d in Chapter 119 same legal effect 7, Florida Statutes	Florida Statutes. I furth t as if made under oath, s, and that my name app	er certify that the information that I am an officer or director lears in Block 10 or Block 11 if

SCHATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _