2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000109636

1855 GRIFFIN RD

DANIA BEACH, FL 33004

Address:

City-St-Zip:

Entity Name: AH INTERIORS CORPORATION

FILED Apr 21, 2009 Secretary of State

Entity Nai	me: AHINTE	RIORS CORPORATION			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1855 GRIFFIN RD DANIA BEACH, FL 33004			1855 GRIFFIN RD C350 DANIA BEACH, FL		
Current M	lailing Addres	s:	New Mailing Addr	New Mailing Address:	
3505 S OCEAN DR. STE 1002 HOLLYWOOD, FL 33019			1855 GRIFFIN RD C350 DANIA BEACH, FL		
FEI Number:	: 65-0979544	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
GONZALEZ SALINAS & ASSOCIATES LLC 3505 S OCEAN DR SUITE 1002 HOLLYWOOD, FL 33019 US			DEADLAND TOWE SUITE 601	KABAT. SCHERTZER DE LA TORRE. TARABOULO DEADLAND TOWERS SOUTH 9400 S. DADELAND BLV SUITE 601 MIAMI,FLORIDA, FL 33156 US	
	e named entity s e of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: JORGE N. DE LA TORRE. CPA				04/21/2009	
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PEREZ, EDUAF 1855 GRIFFIN DANIA BEACH,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () HOYOS, ADRIA 1855 GRIFFIN DANIA BEACH,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () HOYOS, ANGE 1855 GRIFFIN DANIA BEACH,	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () SANTA COLOM	Delete IA, GLORIA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: EDUARDO PEREZ P 04/21/2009