
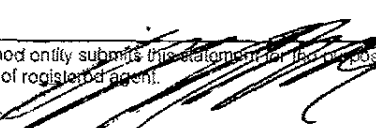


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 24, 2007 08:00 A
Secretary of State**

DOCUMENT # V51137 1. Entity Name B & H ENTERPRISES, INC. OF THE PALM BEACHES					
Principal Place of Business 1660-B CYPRESS DRIVE JUPITER FL 33489			Mailing Address 1660-B CYPRESS DRIVE JUPITER FL 33489		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0343092 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent HEMLAK, MARK 18931 SUDDARD DR. SE JUPITER FL 33469				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, types or printed name of registered agent and title if applicable</small> </div> <div style="text-align: right;"> 1/19/07 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME
P	HEMLAK, MARK	18931 SUDDARD DR.	JUPITER FL 33469		U000000601746
<input type="checkbox"/> Delete					01/26/07-80058-023 150.00
S	HEMLAK, NANCY	11771 SE DOHERTY	JUPITER FL 33469		
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					
<input type="checkbox"/> Delete					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 prepare 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07 **Scd-746-0834**
Date Daytime Phone if