


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K59520**  
 1. Entity Name  
**N-HP ENTERPRISES, INC.**



Principal Place of Business  
 %FELIX NOY  
 5475 W. 27 LANE  
 HIALEAH FL 33016

Mailing Address  
 %FELIX NOY  
 5475 W. 27 LANE  
 HIALEAH FL 33016-4086



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc  
 City & State  
 Zip Country

4. FEI Number **65-0333056**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NOY, FELIX, JR.**  
**5475 WEST 27 LANE**  
**HIALEAH FL 33016**

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

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 \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
D	HANDS, GEORGINA	1190 W. 53RD ST.	HIALEAH FL	<input type="checkbox"/>
PD	NOY, FELIX, JR.	5475 W. 27 LANE	HIALEAH FL	<input type="checkbox"/>
TS	NOY, JEFFREY	5475 W. 27 LANE	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000652825  
 03/12/07-80032-014 150.00

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 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 person 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:**  **02-27-07 3054958451**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #