# 2004 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P01000033315**

1. Entity Name
NHFC MANAGEMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 1848 NOB HILL ROAD PLANTATION, FL 33322 | 1848 NOB HILL ROAD PLANTATION, FL 33322 |

## DO NOT WRITE IN THIS SPACE

01292004     No Chg-P     CR2E034 (10/03)

| 4. FEI Number 65-1098591 | Applied For Not Applicable |
|---|---|
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**

COHEN, MICHAEL J
12203 NW 19TH STREET
PLANTATION, FL 33323

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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, 2004 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution.  ☐ | $5.00 May Be Added to Fees | U00000056324 02/19/04-80015-017  150.00 |
|---|---|---|---|

**10.          OFFICERS AND DIRECTORS**

| TITLE | D |
|---|---|
| NAME | COHEN, MICHAEL J |
| STREET ADDRESS | 12203 NW 19TH STREET |
| CITY-ST-ZIP | PLANTATION, FL 33322 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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:** _____ Michael J Cohen _____ 1/31/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #