

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90246 048 \*\*\*150.00

<b>DOCUMENT # P04000088322</b> 1. Entity Name <b>N S H ENTERPRISES, INC.</b>			
Principal Place of Business <b>8917 N OAKLAND PARK BLVD SUNRISE, FL 33351</b>		Mailing Address <b>8917 N OAKLAND PARK BLVD SUNRISE, FL 33351</b>	
2. Principal Place of Business <b>SHOPES ON THE GREEN</b> Suite, Apt. #, etc. <b># 23 NW CORNER WESTON RD &amp; BLATT BLVD</b> City & State <b>WESTON FL</b> Zip <b>33331-3193</b>		3. Mailing Address <b>10020 SHERIDAN ST.</b> Suite, Apt. #, etc. <b># 111</b> City & State <b>PEMBROKE PINES FL</b> Zip <b>33024</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>	
4. FEI Number <b>201214979</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MANIAR, RAJU</b> <b>7737 N UNIVERSITY DRIVE #201</b> <b>TAMARAC, FL 33321</b>		7. Name and Address of New Registered Agent Name <b>ALI, SEEMA H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10020 SHERIDAN ST APT 111.</b> City <b>PEMBROKE PINES FL</b> Zip Code <b>33024</b>	
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 <u><i>Seema</i></u> <b>PRESIDENT.</b> <span style="float: right;">04-14-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	DP <b>ALI, SEEMA H</b> <b>8917 N OAKLAND PARK BLVD</b> <b>SUNRISE, FL 33351</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SHOPES ON THE GREEN # 23</b> <b>WESTON RD &amp; BLATT BLVD WESTON FL-33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>HAMID. A. ISMAIL</b> <b>SHOPES ON THE GREEN # 23</b> <b>WESTON RD &amp; BLATT BLVD WESTON FL-33331</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Seema</i></u> <b>PRESIDENT.</b> <span style="float: right;">04-14-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	