2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # P04000088322** 04-24-2006 90345 047 ***150.00 N S H ENTERPRISES, INC. Principal Place of Business Mailing Address SHORES ON THE GREEN 10020 SHERIDAN 60028948 # 23 NW CORNER WESTON RD, BLATT BLVD # 111 PEMBROKE PINES, FL 33024 WESTON, FL 33331-3193 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. 10020 SHERIDAN STREET Suite, Apt. #, etc. 04142006 Chg-P CR2E034 (11/05) APH III PEMBROKE PINES . FL 4. FEI Number Applied For City & State 20-1214979 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEEMA, ALI M Street Address (P.O. Box Number is Not Acceptable) 10020 SHERIDAN ST **APT 111** PEMBROKE PINES, FL 33024 Zip Code 6. 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. 04.14.06. rema (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete ALL SEEMA H NAME NAME PEMBROKE PINES FL- 33024. SHOPPES O/T GREEN 23 WESTON RD&BLATT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTON, FL 33331 CITY-ST-7IP ___ Change TITLE TID F NAME ISMAIL, HAMID A NAME 10020 SHERZOAN ST. APHH III. SHOPPES O/T GREEN 23 WESTON RD&BLATT BLVD STREET ADDRESS STREET ADDRESS PEMBROKE PINEL FL - 33024 CITY-ST-ZIP WESTON, FL 33331 CITY-ST-71P Delete MLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TELL Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation 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. 04.14.06. SIGNATURE: _

SIGNATURE AND TYPED OR PROITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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