

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90178 021 ***150.00

DOCUMENT # P04000088322 1. Entity Name N S H ENTERPRISES, INC.					
Principal Place of Business 10020 SHERIDAN ST APT 111 HOLLYWOOD, FL 33024			Mailing Address 10020 SHERIDAN # 111 PEMBROKE PINES, FL 33024		
2. Principal Place of Business - No P.O. Box # 123 N.E. 20 AVE		3. Mailing Address 123 N.E. 20 AVE			
Suite, Apt. #, etc. SUITE 11		Suite, Apt. #, etc. SUITE 11			
City & State DEERFIELD BEACH FL		City & State DEERFIELD BEACH FL			
Zip 33441		Country USA		04162007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-1214979		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SEEMA, ALI M 10020 SHERIDAN ST APT 111 PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name SEEMA ALI H Street Address (P.O. Box Number is Not Acceptable) 4345 S.W. 72 WAY City DAVIE FL Zip Code 33314		
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> 04-20-07 Signature, typed or printed name of registrant, and signed and dated if applicable. (NOTE: Registered Agent's signature not required when removing.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	DP ALI, SEEMA H 10020 SHERIDAN ST APT 111 HOLLYWOOD, FL 33024	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ISMAL, HAMID A 10020 SHERIDAN ST APT 111 HOLLYWOOD, FL 33024	☐ Delete			
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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 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> 04-20-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		