2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE:

Secretary of State DOCUMENT # P05000166763 03-05-2007 90071 032 ***150.00 1. Entity Name H.F. NASH ENTERPRISES INC. Principal Place of Business Mailing Address 4810 SW 153RD TERRACE 4810 SW 153RD TERRACE MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4037607 Not Applicable Country Zip 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 ADAMS, NATALIE M. ADAMS, NATALIE Street Address (P.O. Box Number is Not Acceptable) 87TH AVENUE 6360 NW 5TH WAY #103 FORT LAUDERDALE, FL 33309 ^፯ነጓ671 CORAL SPRINGS 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. NATALIE M. ADAMS 02/20/07 SIGNATURE DIM (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP Change ☐ Delete TITLE ☐ Addition THILE NAME NASH, HAROLD NAME 4810 SW 153RD TERRACE * STREET ADORESS STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP Addition DVP ☐ Delete TITLE TIFLE Change NASH, FELICIA FORDE, FELECIA NAME 4810 SW 153RD TERRACE STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33027 CITY-ST-ZIP CITY-ST-ZIP ☐ Delcte TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frue 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

all other like empowered.

FILED Mar 05, 2007 8:00 am