


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90280 002 ***150.00

DOCUMENT # P97000073354 1. Entity Name NHM HOLDINGS, INC.					
Principal Place of Business 500 E. BROWARD BLVD 132 FT. LAUDERDALE, FL 33394 US			Mailing Address 500 E. BROWARD BLVD 132 FT. LAUDERDALE, FL 33394 US		
2. Principal Place of Business 1222 NE 4th Ave		3. Mailing Address 1222 NE 4th Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Lauderdale FL		City & State Fort Lauderdale, FL		4. FEI Number 65-0785716	
Zip 33304		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33304		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 317-71ST STREET MIAMI, FL 33141			7. Name and Address of New Registered Agent Name Labossiere, Marc Street Address (P.O. Box Number is Not Acceptable) 1222 NE 4th Ave City Fort Lauderdale FL Zip Code 33304		
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>Marc Labossiere</i></u> MARC LABOSSIERE <u>04/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MAWANI, M 500 E BROWARD BLVD #132 FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAWANI, M 1222 NE 4th Ave Fort Lauderdale, FL 33304
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAWANI, TAZIM 500 E BROWARD BLVD #132 FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAWANI, TAZIM 1222 NE 4th Ave Fort Lauderdale, FL 33304
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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>Walter Mawani</i></u> Walter Mawani <u>4.11.05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					