

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90344 004 ***158.75

DOCUMENT # P97000105446

1. Entity Name

S & H PRODUCTS & SERVICES INC.



Principal Place of Business

825 SUNFLOWER CIRCLE
WESTON FL 33327
US

Mailing Address

825 SUNFLOWER CIRCLE
WESTON FL 33327
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0803760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSIM, ZAIDII
8731 NW 3RD CT
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name **HUMA ASKARI**

Street Address (P.O. Box Number is Not Acceptable)

825 SUNFLOWER CIR

City **WESTON FL**

FL

Zip Code

33327

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

HUMA ASKARI

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

4/3/06

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **HUMA, ASSIM A**
STREET ADDRESS **825 SUNFLOWER CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **M** ☒ Delete
NAME **ASKARI, ASIM Z**
STREET ADDRESS **825 SUNFLOWER CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☐ Delete
NAME **HUMA ASKARI**
STREET ADDRESS **825 SUNFLOWER CIR.**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUMA ASKARI

4/3/06

Date

Daytime Phone #

954 854 6282