

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V16009

1. Entity Name
N.H. INC.



FILED
Mar 23, 2005 08:00 AM
Secretary of State

Principal Place of Business Mailing Address
812/816 6TH STREET 812/816 6TH STREET
MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US



DO NOT WRITE IN THIS SPACE

02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0334752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOSSAIN, MOHAMMED
5355 ALLISON ROAD
MIAMI BEACH, FL 33141

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IN THIS SPACE**

3. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000273028
03/23/05-80013-002 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HOSSAIN, MOHAMMED
STREET ADDRESS 5355 ALLISON ROAD
CITY- ST- ZIP BOCA RATON, FL 334314505

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

MOHAMMED HOSSAIN

786.252-1427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #