## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

address, with all other like empoy

## Apr 11, 2007 08:00 All Secretary of State DOCUMENT #V16009 1. Entity Name N.H. INC. Principal Place of Business Mailing Address 812/816 6TH STREET 812/816 6TH STREET MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 03092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0334752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOSSAIN, MOHAMMED DO NOT WRITE 6355 ALLISON ROAD MIAMI BEACH, FL 33141 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS MILE NAME HOSSAIN, MOHAMMED STREET ADDRESS 6355 ALLISON ROAD CITY-SI-ZIP BOCA RATON, FL 334314505 TITLE HAME STRLET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CHY-S1-ZIP IN THIS SPACE TITLE NAME STRLET ADDRESS CITY-S1-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP U000000700719 TITLE 04/20/07-80028-020-150-00 NAME STREET ADDRESS CITY-SI-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 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

**FILED** 

HOSSGIN HOHAHHED 03-09-07

tel (281) 252 192)