

FROM :

FAX NO. :

Mar. 07 2008 09:46AM P2

FILED

Mar 10, 2008 08:00 AM
Secretary of State**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V16009 1. Entity Name N.H. INC.			
Principal Place of Business 812/816 6TH STREET MIAMI BEACH, FL 33139 US		Mailing Address 812/816 6TH STREET MIAMI BEACH, FL 33139 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent HOSSAIN, MOHAMMED 6355 ALLISON ROAD MIAMI BEACH, FL 33141		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when replacing) Signature, typewritten or printed name of registered agent not applicable.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			
TITLE	P	DO NOT WRITE IN THIS SPACE	
NAME	HOSSAIN, MOHAMMED		
STREET ADDRESS	6355 ALLISON ROAD		
CITY- ST- ZIP	BOCA RATON, FL 3343141005		
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
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TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions mentioned 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 807, 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 03/07/08 (305) 673-8809	



0218:008 No Chg-P CR2E034 (11/05)

4. FFI Number 65-0334752	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

 U00000853671
 03/26/08-80078-009 150.00