


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

| | | | | | | | |
|--|------------------------------------|---------------------|--|--|--|-----------|----------|
| DOCUMENT # P03060107432 | | | |  | | | |
| 1. Entity Name AWALE ENTERPRISES CORP. | | | | | | | |
| Principal Place of Business 825 W. HALLANDALE BEACH BLVD HALLANDALE FL 33009 | | | Mailing Address 825 W. HALLANDALE BEACH BLVD HALLANDALE FL 33009 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 80-0076946 | | | |
| | | | | Applied For Not Applied | | | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| AWALE, AHMAD 11541 HIBBS GROVE DRIVE FORT LAUDERDALE FL 33330 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code |
| | | | | | | | |
| 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 re-issuing) _____ DATE _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May : Trust Fund Contribution <input type="checkbox"/> Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE | PS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | | | |
| NAME | AWALE, AHMAD | NAME | U00000449887 | | | | |
| STREET ADDRESS | 11541 HIBBS GROVE DRIVE | STREET ADDRESS | 03/09/06-80072-005 150.00 | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33330 | CITY-ST-ZIP | | | | | |
| TITLE | VT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | | | |
| NAME | AWALE, SHAWNA | NAME | | | | | |
| STREET ADDRESS | 11541 HIBBS GROVE DRIVE | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33330 | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | | | | |
| NAME | | NAME | | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | | |



1st MOORE CR2E034 (10/05)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AWALE **Ahmad AWALE** 2/22/06 954 455 8800