


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90061 001 \*\*\*158.75

DOCUMENT # P05000029161					
1. Entity Name LINEN UNLIMITED #2 INC.					
Principal Place of Business 1724 ACME STREET ORLANDO, FL 32805		Mailing Address 1724 ACME STREET ORLANDO, FL 32805			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05032007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-2500958	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORREA, JEANNETTE 10028 S.W. 16TH STREET PEMBROKE PINES, FL 33025			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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASAN, JEHAD		NAME		
STREET ADDRESS	700 RACHNA LANE, SUITE 1		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	U/I	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIRAT, RAED		NAME	Beirat, Raed	
STREET ADDRESS	800 RACHNA LANE, SUITE M		STREET ADDRESS	1724 Acme St.	
CITY-ST-ZIP	KISSIMMEE, FL 34741		CITY-ST-ZIP	Orlando FL 32805	
TITLE	S	<input type="checkbox"/> Delete	TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASAN, YOUSEF		NAME	HASAN YOUSEF	
STREET ADDRESS	513 BLACKBIRD LANE		STREET ADDRESS	1724 Acme St	
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP	Orlando, FL 32805	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDELMAJID, MIRIAM		NAME		
STREET ADDRESS	513 BLACKBIRD LANE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 34759		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <i>Yousef Hasan</i>		Date: 5/1/07		Daytime Phone #: 407-481-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	