I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

MGR

SIGNATURE: ABU-HALIMEH, EHAB

**Officer/Director Detail :** 

Electronic Signature of Registered Agent

SIGNATURE: ABUHALIMEH EHAB

Title	PSTD	Title	MGR	
Name	ABU-HALIMEH, EHAB	Name	KHADER, REEM	
Address	P.O. BOX 617414	Address	2295 S HIAWASSEE ST	
City-State-Zip:	ORLANDO FL 32861	City-State-Zip:	309 ORLANDO FL 32835	

Name and Address of Current Registered Agent:

**Current Mailing Address:** PO BOX 617414

2295 S HIAWASSEE ST

ORLANDO, FL 32835

309

ORLANDO, FL 32861

# FEI Number: 34-2008610

DOCUMENT# P04000112985

Entity Name: EHAB SH. ABU-HALIMEH, P.A.

**Current Principal Place of Business:** 

ABUHALIMEH, EHAB 2295 S HIAWASSEE ST 309 ORLANDO, FL 32835 US

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.

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

FILED Feb 21, 2023 Secretary of State 1027805140CC

> 02/21/2023 Date

# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT