

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J44696

FILED
Apr 29, 2005
Secretary of State

Entity Name: HALA CAFE AND BAKERY, INC.

Current Principal Place of Business:

4323 S UNIVERSITY BLVD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4323 S UNIVERSITY BLVD
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2760166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAHED, IWAIS
4323 S UNIVERSITY BLVD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IWAIS, FAHED,
Address: 1325 JAMAICA RD.
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: MARDINI, MAY,
Address: 4223 PITTMAN DR
City-St-Zip: JACKSONVILLE, FL

Title: S () Delete
Name: OWAIS, ASSAD
Address: 5519 HICKSON DR
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: EWAIS, JERIELS
Address: 12585 ASH HARBOR DR
City-St-Zip: JACKSONVILLE, FL

Title: M () Delete
Name: OWEIS, NEMER Y
Address: 3898 HABERSHAM FOREST DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ASAD OWAIS

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date