2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J74066

1. Entity Name
FATHALLAH & DIMIATY, INC.

Principal Place of Business	Mailing Address
% HASSIB FATHALLAH 830 SW 27 AVE FT LAUDERDALE, FL 33312	% HASSIB FATHALLAH 830 SW 27 AVE FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE

01312007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0002409

Applied For

Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FATHALLAH, HASSIB
830 SW 27 AVE
FT LAUDERDALE, FL 33312

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	000000643797 03/02/07-80017-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FATHALLAH, HASSIB
STREET ADDRESS	5270 SW 18TH PLACE
CITY-ST-ZIP	PLANTATION, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: *Hassib Fathallah*   02-19-07 (954)581-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #