

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67584

FILED
Apr 25, 2006
Secretary of State

Entity Name: HATEM, BISHOUTY & MAZZAWI, INC.

Current Principal Place of Business:

51 S HOMESTEAD BLVD
HOMESTEAD, FL 330307421

New Principal Place of Business:

Current Mailing Address:

51 S HOMESTEAD BLVD
HOMESTEAD, FL 330307421

New Mailing Address:

FEI Number: 65-0188910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALEM, FOUAD
515 HOMESTEAD BLVD
HOMESTEAD, FL 33030 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: DP () Delete
Name: HATEM, FOUAD
Address: 51 S HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL

Title: DVT () Delete
Name: MAZZAWI, TOUFIC
Address: 51 S HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL

Title: V () Delete
Name: HATEM, ISSA
Address: 51 S HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL

Title: VS () Delete
Name: MAZZAWI, MONEM
Address: 51 S HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL

Title: V () Delete
Name: BISHOUTY, GHASSAN
Address: 51 S HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL

Title: V () Delete
Name: HATEM, LEWIS
Address: 51 S HOMESTEAD BLVD
City-St-Zip: HOMESTEAD, FL

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:

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 Chapter 119, 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: HATEM FOUAD

DP

04/25/2006

Electronic Signature of Signing Officer or Director

Date