


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90149 009 \*\*\*150.00

**DOCUMENT # P00000046874**

1. Entity Name  
**HAWARI INCORPORATED**



Principal Place of Business      Mailing Address  
**4673 CHEYENNE POINT TRAIL**      **4673 CHEYENNE POINT TRAIL**  
**KISSIMMEE, FL 34746-6085**      **KISSIMMEE, FL 34746-6085**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02252006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3648193**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAWARI, WISSAM**  
**4673 CHEYENNE POINT TRAIL**  
**KISSIMMEE, FL 34746-6085**

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWARI, WISSAM	NAME	
STREET ADDRESS	4673 CHEYENNE POINT TRAIL	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 347466085	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWARI, CHAKER	NAME	Hwari, Chaker
STREET ADDRESS	4673 CHEYENNE POINT TRAIL	STREET ADDRESS	4673 Cheyenne Point Trail
CITY-ST-ZIP	KISSIMMEE, FL 347466085	CITY-ST-ZIP	Kissimmee, FL 34746
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWARI, MOAMMAR	NAME	Hwari, Moammar
STREET ADDRESS	4673 CHEYENNE POINT TRAIL	STREET ADDRESS	4673 Cheyenne Point Trail
CITY-ST-ZIP	KISSIMMEE, FL 347466085	CITY-ST-ZIP	Kissimmee, FL 34746
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	
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 all other like empowered.

SIGNATURE: W. [Signature]      Date: 3/1/06      407 908-4399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #