

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084365

FILED  
Jan 07, 2007  
Secretary of State

Entity Name: CRAZY WHOLESALE REPRODUCTIONS, INC.

## Current Principal Place of Business:

2329 SW 31 AVE  
HALLENDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

2329 SW 31 AVE  
HALLENDALE BEACH, FL 33009

## New Mailing Address:

FEI Number: 65-1039024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SALEEM, MOHAMMAD  
8934 NW 117 TERRACE  
HIALEAH GARDENS, FL 33018      US

## Name and Address of New Registered Agent:

SALEM SURIYA  
8934 NW 117 TERRACE  
HIALEAH GARDENS, FL 33018      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.

SIGNATURE: SALEM SURIYA

01/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ABDELHAMID, MOMEN  
Address: 2329 SW 31 AVE  
City-St-Zip: HALLENDALE BEACH, FL 33009

Title: D ( ) Delete  
Name: ABDELHAMID, EMAN  
Address: 2329 SW 31 AVE  
City-St-Zip: HALLENDALE BEACH, FL 33009

Title: D ( ) Delete  
Name: ABDELHAMID, MOTTASEM  
Address: 2329 SW 31 AVE  
City-St-Zip: HALLENDALE BEACH, FL 33009

Title: D ( ) Delete  
Name: ABDELHAMID, MOHAMMED  
Address: 2329 SW 31 AVE  
City-St-Zip: HALLENDALE BEACH, FL 33009

## 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:

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: MOMEN ABDELHAMID

D

01/07/2007

Electronic Signature of Signing Officer or Director

Date