


**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

5/3

05-03-2004 90754 049 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P0300007595</b>			
1. Entity Name <b>ANGELA HANIF CORPORATION</b>			
Principal Place of Business 1491 S. RIO GRANDE AVE. ORLANDO, FL 32805		Mailing Address 1491 S. RIO GRANDE AVE. ORLANDO, FL 32805	
2. Principal Place of Business <b>337 W. Church St.</b>		3. Mailing Address <b>333 W. Church St.</b>	
Suite, Apt., etc. <b>Orlando FL</b>		Suite, Apt., etc. <b>Orlando FL</b>	
City & State		City & State	
Zip <b>32801</b>	Country <b>Orange</b>	Zip <b>32801</b>	Country <b>Orange</b>
4. FEI Number <b>46-0517932</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>HANIF, MOHAMMAD 2231 SETTLERS TRAIL ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ (NOTE: Registered Agent signature required when registering)			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANIF, MOHAMMAD 2231 SETTLERS TRAIL ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANIF, ANGELA 2231 SETTLERS TRAIL ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____		President 4/27/04 407-649-0085	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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