


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90114 033 ***150.00

DOCUMENT # P03000007595
1. Entity Name
ANGELA HANIF CORPORATION



Principal Place of Business Mailing Address
333 W. CHURCH STREET 333 W. CHURCH STREET
ORLANDO, FL 32801 US ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE

50049618



05012005 No Chg-P CR2E034 (10/03)

4. FEI Number 46-0517932	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANIF, MOHAMMAD
2231 SETTLERS TRAIL
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HANIF, MOHAMMAD 2231 SETTLERS TRAIL ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANIF, ANGELA 2231 SETTLERS TRAIL ORLANDO, FL 32837
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IN THIS SPACE**

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: Angela Hanif Angela Hanif 5/1/05 407-721-0197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #