


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 031 ***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**

50018573



2. Principal Place of Business 3. Mailing Address
3618 Molona Dr Suite, Apt. #, etc.

04112006 Chg-P CR2E034 (11/05)

City & State City & State
Orlando FL

4. FEI Number Applied For
46-0517932 Not Applicable

Zip Country Zip Country
32837 US

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3618 Molona Dr.
 City **Orlando** **FL** Zip Code **32837**

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------|-------------------|---------------------------------|
| PSD | HANIF, MOHAMMAD | 2231 SETTLERS TRAIL | ORLANDO, FL 32837 | <input type="checkbox"/> |
| TD | HANIF, ANGELA | 2231 SETTLERS TRAIL | ORLANDO, FL 32837 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------|--------------------------|--|-----------------------------------|
| | | 3618 Molona Dr. | Orlando, FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 3618 Molona Dr. | Orlando FL 32837 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____ Date **4/10/06** Daytime Phone # **407-854-0680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR