


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90020 015 \*\*\*150.00

**DOCUMENT # P03000007595**

1. Entity Name  
**ANGELA HANIF CORPORATION**



Principal Place of Business  
**3618 MOLONA DR**  
**ORLANDO, FL 32837 US**

Mailing Address  
**333 W. CHURCH STREET**  
**ORLANDO, FL 32801 US**

2. Principal Place of Business - No P.O. Box #  
**255 S. Orange Ave.**

3. Mailing Address  
**255 S. Orange Ave.**

Suite, Apt. #, etc.


City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip  
**32801** Country  
**US**

Zip  
**32801** Country  
**US**

40110000



05022007 Chg-P CR2E034 (12/06)

4. FEI Number  
**46-0517932** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HANIF, MOHAMMAD**  
**3618 MOLONA DR**  
**ORLANDO, FL 32837**

7. Name and Address of New Registered Agent  
 iName  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD HANIF, MOHAMMAD 3618 MOLONA DR 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 3618 MOLONA DR 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 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **5/11/07** Daytime Phone # **407-872-3600**