


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007595 1. Entity Name ANGELA HANIF CORPORATION	
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Principal Place of Business 255 S. ORANGE AVE ORLANDO, FL 32801 US	Mailing Address 255 S. ORANGE AVE ORLANDO, FL 32801 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANIF, MOHAMMAD
3618 MOLONA DR
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 _____ 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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HANIF, MOHAMMAD
STREET ADDRESS	3618 MOLONA DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	TD
NAME	HANIF, ANGELA
STREET ADDRESS	3618 MOLONA DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953361
06/26/08-80001-006 150.00

DO NOT WRITE
IN THIS SPACE

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: _____ **06/20/08** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jun 26, 2008 08:00 AM
Secretary of State



06192008 No Chg-P CR2E034 (11/05)

4. FEI Number 46-0517932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required