

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90045 028 \*\*\*150.00

**DOCUMENT # P03000107432**

1. Entity Name

**AWALE ENTERPRISES CORP.**



Principal Place of Business

**8260 SW 102ND STREET  
MIAMI FL 33156**

Mailing Address

**8260 SW 102ND STREET  
MIAMI FL 33156**

2. Principal Place of Business

**825 W. HALLANDALE BEACH BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**825 W. HALLANDALE BEACH BLVD**

Suite, Apt. #, etc.

City & State

**HALLANDALE, FLORIDA**

Zip

**33009**

Country

**BROWARD**

City & State

**HALLANDALE, FLORIDA**

Zip

**33009**

Country

**BROWARD**

4. FEI Number

**80-0078946**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**AWALE, AHMAD  
8260 SW 102ND STREET  
MIAMI FL 33156**

*Change ADD only*

7. Name and Address of New Registered Agent

Name **AHMAD AWALE**

Street Address (P.O. Box Number is Not Acceptable)

**11541 HIBBS GROVE DRIVE**

City **COOPER CITY**

**FL**

Zip Code

**33330**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **AWALE, AHMAD**  
STREET ADDRESS **8260 SW 102ND STREET**  
CITY-ST-ZIP **MIAMI FL 33156**  
*Change ADD only*

TITLE **VT** ☐ Delete  
NAME **AWALE, SHAWNA**  
STREET ADDRESS **8260 SW 102ND STREET**  
CITY-ST-ZIP **MIAMI FL 33156**  
*Change ADD only*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Change ☐ Addition  
NAME **AWALE, AHMAD**  
STREET ADDRESS **11541 HIBBS GROVE DRIVE**  
CITY-ST-ZIP **COOPER CITY, FL 33330**

TITLE **VT** ☐ Change ☐ Addition  
NAME **AWALE, SHAWNA**  
STREET ADDRESS **11541 HIBBS GROVE DRIVE**  
CITY-ST-ZIP **COOPER CITY, FL 33330**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Ahmad Awale*  
**Ahmad AWALE**

**3/29/04**

Date

**954 455 8800**

Daytime Phone #