



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90287 011 \*\*\*150.00

60028029



<b>DOCUMENT # P03000116101</b>			
1. Entity Name <b>HAWARY MANAGEMENT, INC.</b>			
Principal Place of Business <b>3432 MATTSON DRIVE ORLANDO, FL 32825 US</b>		Mailing Address <b>3432 MATTSON DRIVE ORLANDO, FL 32825 US</b>	
2. Principal Place of Business <b>475 S. CHICKASAW TR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>475 S. CHICKASAW TR.</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32825</b>		Country <b>ORANGE</b>	
4. FEI Number <b>77-0611329</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AHMED, EL-HAWARY 3432 MATTSON DRIVE ORLANDO, FL 32825</b>		7. Name and Address of New Registered Agent Name <b>EL-HAWARY AHMED</b> Street Address (P.O. Box Number is Not Acceptable) <b>475 S. CHICKASAW TR</b> City <b>ORLANDO</b> FL Zip Code <b>32825</b>	
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  <b>AHMED EL-HAWARY</b> DATE <b>4/6/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete <b>EL-HAWARY, AHMED 3432 MATTSON DRIVE ORLANDO, FL 32825</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S/P</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>EL-HAWARY AHMED 9059 TUSCAN VALLEY PL. ORLANDO, FL 32825</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **AHMED EL-HAWARY** Date **4/6/06** Daytime Phone # **407-761-8100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR