

2006 FOR PROFIT CORPORATION ANNUAL REPORT



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

04-13-2006 90287 011 ***150.00

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04052008 Chg-P CR2E034 (11/05)

DOCUMENT # P03000116101			
1. Entity Name HAWARY MANAGEMENT, INC.			
Principal Place of Business 3132 MATTSON DRIVE ORLANDO, FL 32825 US		Mailing Address 3132 MATTSON DRIVE ORLANDO, FL 32825 US	
2. Principal Place of Business 475 S. CHICKASAW TR.		3. Mailing Address 475 S. CHICKASAW TR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32825 Country ORANGE		Zip 32825 Country ORANGE	
4. FEI Number 77-0611329		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHMED, EL-HAWARY 3132 MATTSON DRIVE ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name EL-HAWARY AHMED Street Address (P.O. Box Number is Not Acceptable) 475 S. CHICKASAW TR City ORLANDO FL Zip Code 32825	
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  AHMED EL-HAWARY 4/6/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DS EL-HAWARY, AHMED 3132 MATTSON DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/P EL-HAWARY, AHMED 9059 TUSCAN VALLEY PL. ORLANDO, FL 32825 <input checked="" type="checkbox"/> Change <input checked="" 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
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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

AHMED EL-HAWARY

Date

4/6/06

Daytime Phone #

407-761-8100