

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90281 031 ***150.00

DOCUMENT # P04000104584 1. Entity Name ACCESSORIES BY HAFSA, INC.					
Principal Place of Business 14600 GATEWAY POINT CIRCLE, #13204 ORLANDO, FL 32821			Mailing Address 14600 GATEWAY POINT CIRCLE, #13204 ORLANDO, FL 32821		
2. Principal Place of Business 14627 GATEWAY POINT CIRCLE Suite, Apt. #, etc. 15103		3. Mailing Address Suite, Apt. #, etc. 			
City & State ORLANDO FL		City & State 		4. FEI Number 20-1382538	
Zip 32821		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAFSA, TAREK 14600 GATEWAY POINT CIRCLE, #13204 ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name HAFSA TAREK Street Address (P.O. Box Number is Not Acceptable) 14627 Gateway pt cir Apt# 15103 Orlando 32821 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: <u></u> (NOTE: Registered Agent signature required when reinstating) 03/15/06					
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 P NAME HAFSA, TAREK STREET ADDRESS 14600 GATEWAY POINT CIRCLE, #13204 CITY-ST-ZIP ORLANDO, FL 32821	<input type="checkbox"/> Delete		TITLE P NAME HAFSA TAREK STREET ADDRESS 14627 Gateway pt circle Apt# 15103 CITY-ST-ZIP Orlando, FL 32821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HAFSA, TAREK STREET ADDRESS 14600 GATEWAY POINT CIRCLE, #13204 CITY-ST-ZIP ORLANDO, FL 32821	<input type="checkbox"/> Delete		TITLE VP NAME HAFSA TAREK STREET ADDRESS 14627 Gateway pt cir Apt# 15103 CITY-ST-ZIP Orlando, FL 32821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME HAFSA, TAREK STREET ADDRESS 14600 GATEWAY POINT CIRCLE, #13204 CITY-ST-ZIP ORLANDO, FL 32821	<input type="checkbox"/> Delete		TITLE SEC NAME HAFSA TAREK STREET ADDRESS 14627 Gateway pt cir Apt# 15103 CITY-ST-ZIP Orlando, FL 32821	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u></u> 03/15/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					