


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-02-2005 90493 020 ***150.00

DOCUMENT # P04000123328 1. Entity Name HUNADA, INC					
Principal Place of Business 77 CENTENNIAL COURT DEERFIELD BEACH, FL 33442 US			Mailing Address 77 CENTENNIAL COURT DEERFIELD BEACH, FL 33442 US		
2. Principal Place of Business <i>7000 W Camino Real</i> Suite, Apt. #, etc.		3. Mailing Address <i>7000 W Camino Real</i> Suite, Apt. #, etc.			
City & State <i>Boca Raton FL</i>		City & State <i>Boca Raton FL</i>			
Zip <i>33433</i>		Country <i>P.B</i>		Zip <i>33433</i>	
Country <i>P.B</i>		4. FEI Number <i>56-2479681</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WEISS, MORTON 13119 VIA MINERVA DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name <i>Mohamed Hamdy</i> Street Address (P.O. Box Number is Not Acceptable) <i>5246 TENNIS LANE</i> City <i>DELRAY BEACH FL</i> FL Zip Code <i>33484</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEB 13 \$150.00 After May 1, 2005 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	P/D HAMDY, MONIR 77 CENTENNIAL COURT DEERFIELD BEACH, FL 33442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <i>MOHAMED HAMDY</i> <i>7000 W CAMINO REAL</i> <i>Boca Raton FL 33433</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	
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 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.					

66022968



03032005 Chg-P CR2E034 (10/03)

✓ *Mohamed Hamdy*

4/18/05