

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90015 007 \*\*\*150.00

**DOCUMENT # P04000123328**

1. Entity Name  
**HUNADA, INC**



Principal Place of Business

7000 W CAMINO ROAD  
BOCA RATON, FL 33433 US

Mailing Address

7000 W CAMINO ROAD  
BOCA RATON, FL 33433 US

40034844



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

56-2479681

Applied F

Not Appli

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAWAD**  
LAWAS, AHMED  
7000 W CAMINO ROAD  
DEERUNIAK SPRINGS, FL 32433  
BOCA RATON FL 33432

Name

**AHMED GAWAD**

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

7000 CAMINO ROAD  
BOCA RATON FL 33432

City

Boca Raton FL

FL

Zip Code  
33432

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
GAWAD, AHMED  
7000 W CAMINO ROAD  
BOCA RATON, FL 33433

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

3/13/07