## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P05000026730

Entity Name: ANEL HADZIC INC

Name:

Address: City-St-Zip: HADZIC, ANEL

9536 PRINCETON SQ BLVD S 1206

JACKSONVILLE, FL 32256 US

**FILED** Oct 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9536 PRINCETON SQ BLVD S #1206 JACKSONVILLE, FL 32216 **New Mailing Address: Current Mailing Address:** 9536 PRINCETON SQ BLVD S #1206 JACKSONVILLE, FL 32216 FEI Number: 20-2357000 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HADZIC, ANEL 9536 PRÍNCETON SQ BLVD S 1206 JACKSONVILLE, FL 32216 US 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. SIGNATURE: ANEL HADZIC Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete () Change () Addition Name: HADZIC, ANEL Name: 9536 PRINCETON SQ BLVD S 1206 Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: (X) Delete VΡ Title: Title: () Change () Addition Name: HADZIC, ANEL Name: 9536 PRINCETON SQ BLVD 1206 Address: Address: JACKSONVILLE, FL 32256 US City-St-Zip: City-St-Zip: Title: Title: SERC (X) Delete () Change () Addition HADZIC, ANEL Name: Name: 9536 PRINCETON SQ BLVD 1206 Address: Address: JACKSONVILLE, FL 32256 US City-St-Zip: City-St-Zip: Title: TRES (X) Delete Title: () Change () Addition HADZIC, ANEL Name: Name: Address: 9536 PRINCETON SQ BLVD S 1206 Address: City-St-Zip: JACKSONVILLE, FL 32256 US City-St-Zip: Title: DIRE (X) Delete Title:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ANEL HADZIC **PRES** 10/25/2006

() Change () Addition