# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P05000043499

1. Entity Name
HAVENDALE CORPORATION

Principal Place of Business
2049 HAVENDALE BLVD
WINTER HAVEN, FL 33881

Mailing Address
2049 HAVENDALE BLVD
WINTER HAVEN, FL 33881

02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2506297
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSMANI, MAUMUDUL
2049 HAVENDALE BLVD
WINTER HAVEN, FL 33881

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000855278
03/27/08-80042-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTD |
| NAME | OSMANI, AZIZ |
| STREET ADDRESS | 2049 HAVENDALE BLVD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | VSD |
| NAME | OSMANI, MAHMUDUL H |
| STREET ADDRESS | 2049 HAVENDALE BLVD |
| CITY-ST-ZIP | WINTER HAVEN, FL 33881 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:** MAHMUDUL OSMANI Mahmudul Osman 3/9/8 863-293-3473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #