


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90029 003 \*\*\*150.00

DOCUMENT # P05000086717			
1. Entity Name FOUR MANAGEMENT INC			
Principal Place of Business 825 W HALLANDALE BEACH BLVD HALLANDALE BEACH FL 33009		Mailing Address 825 W HALLANDALE BEACH BLVD HALLANDALE BEACH FL 33009	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number <b>76-0794302</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LADHANI, KARIM</b> <b>16531 SW 18TH ST</b> <b>MIRAMAR FL 33027</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Delete	TITLE TR, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LADHANI, KARIM		NAME Ahmad AWALE	
STREET ADDRESS 16531 SW 18TH STREET		STREET ADDRESS 11541 HIBBS GROVE DRIVE	
CITY - ST - ZIP MIRAMAR FL 33027		CITY - ST - ZIP COOPER CITY, FL 33330	
TITLE TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AWALE, AHMAD		NAME	
STREET ADDRESS 11541 HIBBS GROVE DR		STREET ADDRESS	
CITY - ST - ZIP COOPER CITY FL 33330		CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCALA, GERALD A		NAME	
STREET ADDRESS 5910 NW 63RD WAY		STREET ADDRESS	
CITY - ST - ZIP PARKLAND FL 33067		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ahmad Awale **Ahmad Awale** 3/1/07 9544558800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #