

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000118553

Entity Name: HIP HOP CORNER, INC

FILED  
Jan 05, 2007  
Secretary of State

**Current Principal Place of Business:**

5401 W. OAKRIDGE RD  
ST. 14  
ORLANDO, FL 32819

**New Principal Place of Business:**

5250 INTERNATIONAL DR  
ST. 86-H6  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 W. OAKRIDGE RD  
ST. 14  
ORLANDO, FL 32819

**New Mailing Address:**

5725 GATLIN AVE  
312  
ORLANDO, FL 32822

FEI Number: 20-3360885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEY, GOLDBERG, LEACH & COHN PL  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

KHASIB, MAHMOUD A OWNER  
5725 GATLIN AVE  
312  
ORLANDO, FL 32822 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: MAHMOUD

01/05/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KHASIB, MAHMOUD A  
Address: 5725 GATLIN AVENUE, ST. 14  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: AL JAZZAV, NOURA  
Address: 5725 GATLIN AVENUE, ST. 14  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: AL JAZZAR, NOURA  
Address: 5725 GATLIN AVENUE, ST. 14  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MAHMOUD

OWNE

01/05/2007

Electronic Signature of Signing Officer or Director

Date