

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000030909

1. Entry Name  
ALADDIN'S CAFE CORPORATION



Principal Place of Business  
1015 SR 436  
CASSELBERRY, FL 32707

Mailing Address  
1015 SR 436  
CASSELBERRY, FL 32707



01212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2222450

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HAFZA, SAMIA  
1086 SHAFFER TR  
OVIEDO, FL 32765

**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 Samia Hafza  
Signature, typed or printed name of registered agent, and if not applicable

(NOTE: Registered Agent signature required when transferring)

3/28/08  
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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAFZA, SAMIA 1086 SHAFFER TR OVIEDO, FL 32765
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04/14/08-80035-025 158.75

**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: Samia Hafza SAMIA HAFZA 3/28/08 407-3310488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #