

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90002 041 ***550.00

DOCUMENT # P06000056628 1. Entity Name HADDAD DETAILING INC.					
Principal Place of Business 801 N. CONGRESS AVE. BOYNTON BEACH, FL 33426			Mailing Address 1157 GOLDEN LAKES BLVD. APT. 616 WEST PALM BEACH, FL 33411 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 11452 SAGE MEADOW TERRACE Suite, Apt. #, etc.			
City & State Zip Country		City & State ROYAL PALM BEACH FL Zip Country 33411		4. FEI Number 42-1702573	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HADDAD, JAMIL M 1157 GOLDEN LAKES BLVD. APT. 616 WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name HADDAD, JAMIL M Street Address (P.O. Box Number is Not Acceptable) 11452 SAGE MEADOW TERRACE City ROYAL PALM BEACH FL Zip Code 33411		
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE</div> <div>JAMIL HADDAD (SAME REGISTERED AGENT)</div> <div>DATE</div> </div> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HADDAD, JAMIL M 1157 GOLDEN LAKES BLVD. APT. 616 WEST PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HADDAD, JAMIL M 11452 SAGE MEADOW TERRACE ROYAL PALM BEACH FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: JAMIL HADDAD 6/28/07 561-632-9250 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					