


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/6/2006-90034-012-\$150.00-\$150.00

DOCUMENT # V69075 1. Entity Name HADDAD ENTERPRISES, INC.	
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FILED

06 SEP 22 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3170354	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HADDAD, JAMAL L 6700 SPRING RAIN DR. ORLANDO, FL 32819
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**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 must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

7/31/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HADDAD, JAMAL L 8445 INTERNATIONAL DRIVE 107 ORLANDO, FL 32819
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

8/9/25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/06

Date

Daytime Phone #