

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-25-2004 90059 002 ***150.00

DOCUMENT # P00000076519					
1. Entity Name MADIN UNIFORM CORP.					
Principal Place of Business 9300 N.W. 25 ST. 109 MIAMI FL 33172			Mailing Address 9300 N.W. 25 ST. 109 MIAMI FL 33172		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1031595			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KARROOM, GEORGES E 9300 N.W. 25 ST. MIAMI FL 33172			7. Name and Address of New Registered Agent		
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: <u>Georges Karroum</u> DATE: _____ Signature, typed or printed name of registered agent and title if applicable. (If 2004 Registered Agent Signature Required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	KARROOM, GEORGES E	NAME			
STREET ADDRESS	9300 N.W. 25 ST.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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: <u>Georges Karroum</u>			Date: <u>03-10-04</u> 305.592.4242		
SIGNATURE AND ADDRESS OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66405957



MOORE CR2E034 (11/03)