


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90059 036 ***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
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2. Principal Place of Business 10819 N.W. 29TH STREET Suite, Apt. #, etc.	3. Mailing Address 10819 N.W. 29TH STREET Suite, Apt. #, etc.
City & State DORAL FLORIDA	City & State DORAL FLORIDA
Zip 33172	Country U.S.A.



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1031595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARROUM, GEORGES E 9300 N.W. 25 ST. MIAMI FL 33172	
7. Name and Address of New Registered Agent Name: MADIN UNIFORM CORP. Street Address (P.O. Box Number is Not Acceptable): 10819 N.W. 29TH STREET GEORGES E. KARROUM City: DORAL FL Zip Code: 33172	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KARROUM, GEORGES E 9300 N.W. 25 ST. MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KARROUM, GEORGES E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MADIN UNIFORM CORP 33172 10819 N.W. 29TH STREET DORAL
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 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #