
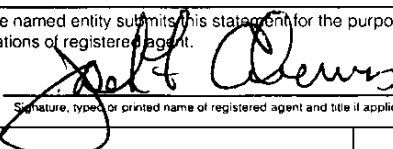
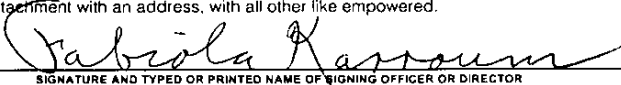


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000076519						FILED 07 SEP 19 AM 10:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA																											
1. Entity Name MADIN UNIFORM CORP.																																	
Principal Place of Business 10819 NW 29TH STREET DORAL, FL 33172		Mailing Address 10819 NW 29TH STREET 109 DORAL, FL 33172																															
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10819 NW 29th St.																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062007		Chg-P		CR2E034 (12/06)																									
City & State		City & State Doral, FL		4. FEI Number 65-1031595		Applied For <input type="checkbox"/> Not Applicable																											
Zip		Country		Zip 33172		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																													
KARROOM, GEORGES E 10819 NW 29TH STREET DORAL, FL 33172				Name Cabanas & Associates, P.A.																													
				Street Address (P.O. Box Number is Not Acceptable)																													
				10520 NW 26th St. - Ste. C101																													
				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 				(Joseph F. Cabanas)				09/13/07																									
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																												
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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: 				Date 9/13/07		Daytime Phone # (305) 513-3639																											
Fabiola KARROOM																																	