

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000062054

1. Entity Name  
STUARCKY-MAJOR DEVELOPMENT CORP.



Principal Place of Business  
1555 SW 109 AVE #203  
PEMBROKE PINES, FL 33025

Mailing Address  
1555 SW 109 AVE #203  
PEMBROKE PINES, FL 33025



09042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-2017401

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

UNUIGBOJE, CATHERINE  
1555 SW 109 AVE #203  
PEMBROKE PINES, FL 33025

**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)*

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/06

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
UNUIGBOJE, CATHERINE  
1555 SW 109 AVE #203  
PEMBROKE PINES, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

U00000576260  
09/06/06-80003-024 550.00

**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)*

CATHERINE UNUIGBOJE 9/4/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #