

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000122553

1. Entity Name  
MR OF STUART, INC.



Principal Place of Business  
1308 S. FEDERAL HIGHWAY  
STUART, FL 34994

Mailing Address

1308 S. FEDERAL HIGHWAY  
STUART, FL 34994

2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

ULLAH, MAROOF  
1308 S. FEDERAL HIGHWAY  
STUART, FL 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PRES  
NAME ULLAH, MAROOF  
STREET ADDRESS 1308 S. FEDERAL HIGHWAY  
CITY-ST-ZIP STUART, FL 34994

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: MOHD. S. MAZI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-07**

Date

Daytime Phone #

**FILED  
Jan 22, 2007 8:00 am  
Secretary of State**

01-22-2007 90106 022 \*\*\*150.00

**400004000**



01172007 Chg-P CR2E034 (12/06)

4. FEI Number <b>41-2113571</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**7. Name and Address of New Registered Agent**