2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

SIGNATURE:

1. Entity Name

P04000154258

Madjar, Inc.



FILED Aug 26, 2005 8:00 am Secretary of State 08-26-2005 90003 004 ***150.00

DO NOT WRITE IN THIS SPACE					50063597		
2. Principal Pla 12	ce of Business 149 S Williams St.	3. Mailing Address			,		•
Suite, Apt #, etc. Suite H		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For		
D	unnellon FL				20-1860808	·	Not Applicable
Zip 34432	Country Zip Marion		Coun	try	5. Certificate of Status Desired Sa.75 Additional Fee Required		
و شهره استان در بهد - و شهره استان در بهد -	والموافقة والدينيونونية وطالك كالهوسيكي	الجانب والدؤات أبها والتعاق	. D. Ja 1862		7. Name and Address of Curren	t Registered Age	nt
	DO NOT IN	OITE		Name	Patrick Gould	·	
يصرفه المستهدي	DO NOT W			Street Address (P.O. Box Number is Not Acceptable 5453 Glover Driv		
	IN THIS SI	PACE		<u></u>	- JAJJ GIOVEL DIIV		
							Zip Code
					ekiwachee	FL	3//607
8. The above r the obligation	named entity submits this statement ons of registered agent.	for the purpose of char	nging its register	ed office or registe			ar with, and accept
SIGNATURE _	Signature typed or printed name of registered again	nt and title if applicable	(NOTE: Registere	d Agent signature require	d when reinstaling)	3/05 _{DATE}	
	uary 1 - May 1 Fee is \$150:00 After May 1, Fee is \$550.00 Amended UBR is \$61,25 Payable to Florida Department				9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees
10.	OFFICERS AN	TO CALL TO BOOK SERVE	. 7.	21. 7. J. W.Y.	ON THE RESERVE OF THE PERSON OF THE PERSON	The second of th	
TITLE	President / 1	Director					
NAME	President / Director Patrick Gould			ed and the	CONTRACTOR OF THE		and the second
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CSTY-ST-ZIP				Y-ST-ZIP	<u> </u>		
12. I hereby of indicated of the cor attachmen	certify that the information supplied von this report or supplemental reporporation or the receiver or trustee ent with an address, with all other like	with this filing does not t is true and accurate a impowered to execute empowered	qualify for the ex and that my signa this report as rea	emption stated in S ature shall have the quired by Chapter	Section 119.07(3)(i), Florida Stätule e same legal effect as if made unde 607, Florida Statutes; and that my	s. I further certify I ir oath; that Pam a name appears in	that the information an officer or director Block 10 or on an

Patrick Gould PRes.

8/23/05

352 465-27

ATTACHMENT 50063597

August 23, 2005

Madjar, Inc. . 12149 S Williams St. Suite H Dunnellon, FL 34432 P041000154258

20-1860808

STATE OF FLORIDA PO BOX 1500 TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM FOR OUR COMPANY FOR 2005, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS,

Madjar, Inc.

By: Patrick Gould, PRESIDENT