

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90019 001 ***150.00
05-26-2006 90019 002 *****8.75

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03242006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000160785 1. Entity Name UNIFORM DEPOT INC					
Principal Place of Business 1066 NE. 202 LANE N. MIAMI, FL 33179			Mailing Address 1066 NE. 202 LANE N. MIAMI, FL 33179		
2. Principal Place of Business 165 N.E. 186th Ter Suite, Apt. #, etc.		3. Mailing Address 165 N.E. 186th Ter Suite, Apt. #, etc.			
City & State N. MIAMI FL.		City & State N. MIAMI FL.		4. FEI Number 20-2786388	
Zip 33179		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEITUN, SARA 1066 NE. 202 LANE N. MIAMI, FL 33179			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEITUN, SARA 1066 NE. 202 LANE N. MIAMI, FL 33179 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEPH ZEITUN 1066 N.E. 202 LANE N. MIAMI FL. 33179 <input type="checkbox"/> Change <input checked="" 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	
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 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: <u><i>Sam Zeitun</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04/04/06</u> <small>Date</small>		
<small>Daytime Phone #</small>					