

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000015262

1. Entity Name  
ROBERT MADARA CORP.



Principal Place of Business

6110 MATCHETT ROAD  
ORLANDO, FL 32809

Mailing Address

6110 MATCHETT ROAD  
ORLANDO, FL 32809

FILED  
2004 JUN -2 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03202003 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3226720

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MADARA, DAVID  
6110 MATCHETT ROAD  
ORLANDO, FL 32809

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-26-04

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MADARA, ROBERT
STREET ADDRESS	6110 MATCHETT ROAD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	VD
NAME	MADARA, DAVID
STREET ADDRESS	6110 MATCHETT ROAD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700037667257  
06/04/04--01038--025 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

16M  
6/2

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Robert Madara  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Madara (President) 5-26-04 407-438-

Date

Daytime Phone #

3762