2000	ONIFORM BOS	INE22 KEPO	RI (UBR)		
DOCUMENT # P95000029443  1. Entity Name MAKAS GARDEN, INC.					
D		NA-W Addan	<del></del>	OO JAN 25 PM 5: 02	
Principal Place of Business  390 N ORANGE AVE SUITE 1100		Mailing Address P O BOX 4961 ORLANDO FL 32802-4961		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
ORLANDO FL 3	2801				
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		59-3312525	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Requ	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
BC CORPORATE SERVICES OF CENTRAL FLORIDA 390 N ORANGE AVE SUITE 1100					
				ess (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801			City	<b>₽</b> Zip C	
				<u> </u>	
8. The above	named entity submits this statement fo	or the purpose of changing its	registered office or regis	gistered agent, or both, in the State of Florida.	
SIGNATURE _			<del></del>	actured when reinstating) DATE	
	Signature, typed or printed name of registered agent		E: Registered Agent signature req	iquired when reinstating)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FEE After MAY 1, 2000 Fee			• •		.00 May Be ded to Fees
(See criteria on back)   Make Check Payable to C		le to Department of	f State		
11.	OFFICERS AND	Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION CHANGES TO OFFICERS AND DIRECTION CONTROL OF THE CON	
TITLE NAME	MASRY, A DR		NAME	70000311798 -02/01/0001051	
STREET ADDRESS CITY-ST-ZIP	P O BOX 100007 RIYADH 1143	3	STREET ADDRESS CITY-ST-ZIP	-02/01/0001051 ****158.75 ***	023 *158 75
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NAME	ATTIA, S		NAME		
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TITLE NAME		☐ Delete	, title Name	☐ Chang	ge 🔲 Addition
STREET ADDRESS			STREET ADDRESS	<b>15</b> 0	
CITY-ST-ZIP	are to the second secon	1 - 1 - 200 - 1 - 1 - 1 - 1	CITY-ST-ZIP	is Continued OT(ON). Florida Continued in the continued of the continued o	an information
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
	of the Comment	-60	1 7 7	17 Janvary 2008	
SIGNAT	UHE:	PRINTED NAME OF SIGNING OFFICER		Date Daytime Phon	e #
	<u></u>	1 311) <u> 17 17 17 17 17 17 17 17 17 17 17 17 17 </u>			