FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90046 017 ***150.00

FOR PROFIT CORPORATION
2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037589

1. Entity Name

MAHIS-ALMADI, INC.

DO NOT WRITE IN THIS SPACE

24028334

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3770 N 55TH AVE.	3770 N. 55TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLORIDA	City & State: HOLLYWOOD, FLORIDA
Zip 33021 Country US	Zip 33021 Country US

4. FEI Number 65-0782496 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALMADI, SOLOMAN

Street Address (P.O. Box Number is Not Acceptable): 3770 N. 55TH AVENUE

City: HOLLYWOOD FL Zip Code 33021

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 ______ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP
P	ALMADI, SOLOMON 3770 N. 55TH AVENUE HOLLYWOOD, FL 33021
VP	ALMADI, FARES 3770 N. 55TH AVENUE HOLLYWOOD, FL 33021

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] X 3-15-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #