FILED
Mar 08, 2007 8:00 am
Secretary of State
02-20-2007 90069 001 ***450.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000041497

1. Entity Name
MARDAN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3950 NW 126 AVE. CORAL SPRINGS, FL 33065	3950 NW 126 AVE. CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0768471
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOLDY, BRIAN
3950 NW 126TH AVE.
CORAL SPRINGS, FL 33065

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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)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOLDY, BRIAN
STREET ADDRESS	3950 NW 126 AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

ATTACHMENT

66804230

Bill Payment Stub

#P97000041497

Check Date:	2/8/2007
Check No.:	30699
Check Amount:	450.00

Mardan Fabricators
3950 NW 126th Ave.
Coral Springs, FL 33065
(954) 345-0111

Paid To: Florida Department of State
Divisions of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
1/9/2007	Bill	65-1064079	150.00	150.00		150.00
1/9/2007	Bill	65-0768471	150.00	150.00		150.00
1/9/2007	Bill	59-1632643	150.00	150.00		150.00

Check Amount 450.00