

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90015 003 \*\*\*150.00

<b>DOCUMENT # P97000047091</b> 1. Entity Name <b>MAJ-ROD, INC.</b>			
Principal Place of Business <b>8821 ONE PUTT PLACE SAINT LUCIE WEST, FL 34986</b>		Mailing Address <b>8821 ONE PUTT PLACE SAINT LUCIE WEST, FL 34986</b>	
2. Principal Place of Business <b>8604 TOMPSON POINT ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>8604 TOMPSON POINT ROAD</b> Suite, Apt. #, etc.	
City & State <b>ST LUCIE WEST FL</b> Zip <b>34986</b> Country <b>USA</b>		City & State <b>ST LUCIE WEST FL</b> Zip <b>34986</b> Country <b>USA</b>	
4. FEI Number <b>65-0757275</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZAHARAKO, JAMES 8821 ONE PUTT PLACE SAINT LUCIE WEST, FL 34986</b>		7. Name and Address of New Registered Agent Name <b>JAMES ZAHARAKO</b> Street Address (P.O. Box Number is Not Acceptable) <b>8604 TOMPSON POINT ROAD</b> City <b>ST LUCIE WEST FL 34986</b>	
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 <b>JAMES ZAHARAKO</b> <span style="float: right;"><b>3/4/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;"><small>DATE</small></span>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZAHARAKO, JAMES</b> <b>8821 ONE PUTT PLACE</b> <b>SAINT LUCIE WEST, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8604 TOMPSON POINT ROAD</b> <b>ST LUCIE WEST FL 34986</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ZAHARAKO, DOROTHY B</b> <b>8821 ONE PUTT PLACE</b> <b>SAINT LUCIE WEST, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8604 TOMPSON POINT ROAD</b> <b>ST LUCIE WEST FL 34986</b>
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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
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
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: <b>JAMES ZAHARAKO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-4-06</b> <span style="float: right;"><b>365-632-8633</b></span> <small>Date Daytime Phone #</small>	