

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 408327

1. Entity Name
MARDI LAND DEVELOPMENT, INC.



Principal Place of Business
**1355 WEST 53RD STREET
 APT. 320
 HIALEAH FL 33012**

Mailing Address
**1355 WEST 53RD STREET
 APT. 320
 HIALEAH FL 33012**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

1st MOORE CR2E034 (10/06)

4. FEI Number **59-1484139**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALAZAR, EDUARDO
 1340 CORAL WAY
 CORAL GABLES FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete
 NAME: SALAZAR, EDUARDO
 STREET ADDRESS: 1340 CORAL WAY
 CITY-STATE-ZIP: CORAL GABLES FL

Change Addition
 U00000726739
 05/04/07-80019-012 150.00

TITLE: SD Delete
 NAME: ZARAGOZI, MARIA
 STREET ADDRESS: AVE CONDADO 605, PDA. 17
 CITY-STATE-ZIP: SANTURCE PR

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-13-2007

Date

Daytime Phone #