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PO10000037938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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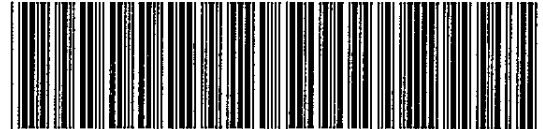
(Business Entity Name)

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*Amend*

04/18/04--01038--011 \*\*43.75

FILED  
04 OCT 18 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ASR  
10/26/04*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: M.D.R. CORP

DOCUMENT NUMBER: P01000037938

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELOINA ESTEVEZ  
(Name of Contact Person)

M.D.R. CORP.  
(Firm/ Company)

13920 S.W. 71 LANE  
(Address)

MIAMI, FL 33183  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of  
M.D.R. CORP.

FILED  
04 OCT 18 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of corporation as currently filed with the Florida Dept. of State)

P01000037938

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**SECTION: EXISTING DIRECTOR**

OLD: MARIA MESA (PD) 13920 S.W. 71 LANE, MIAMI, FL 33183

NEW: ELOINA ESTEVEZ (PD) 13920 S.W. 71 LANE, MIAMI, FL 33183

**SECTION: EXISTING REGISTERED AGENT**

OLD: MARIA MESA 13920 S.W. 71 LANE, MIAMI, FL 33183

NEW: ELOINA ESTEVEZ 13920 S.W. 71 LANE, MIAMI, FL 33183

I, ELOINA ESTEVEZ HEREBY AM FAMILIAR AND ACCEPT THE DUTIES AND

RESPONSIBILITIES AS REGISTERED AGENT FOR M.D.R. CORP.

ACCEPT: Eloina Estevez DATE 10/16/04

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

ALL STOCKS ARE TRANSFERRED TO THE NEW DIRECTOR.

(continued)

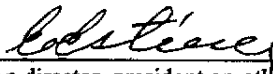
The date of each amendment(s) adoption: 10/16/2004

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*  
  
"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)
- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 16 day of OCTOBER, 2004

Signature   
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ELIONA ESTEVEZ  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**