2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2005 08:00 AM **DOCUMENT # P01000037938 Secretary of State** 1. Entity Name M.D.R. CORP. Principal Place of Business Mailing Address 13920 SW 71 LANE 13920 SW 71 LANE NJAMI, FL 33183 MIAMI, FL 33183 04222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0390160 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ESTEVEZ, ELOINA DO NOT WRITE 13920 SW 71 LANE MIAMI, FL 33183 IN THIS SPACE 3. 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 egent and title if applicable INOTE, Registered Agent signature required when reinstation: 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U00000339727 After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ESTEVEZ, ELOINA NAME STREET ADDRESS 13920 SW 71 LANE CITY-ST-21P MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP mr NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED