

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135657

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: MDS DISTRIBUTORS OF MIAMI CORP.

**Current Principal Place of Business:**

16421 N.W. 48TH AVE.  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

16421 N.W. 48TH AVE.  
HIALEAH, FL 33014

**New Mailing Address:**

6160 N. CICERO AVE.  
504  
CHICAGO, IL 60646

FEI Number: 20-1681310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAST, DAVID A  
MALLOY & MALLOY, P.A.  
2800 S.W. THIRD AVE., HISTORIC CORAL WAY  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PATA, LARRY  
Address: 16201 N.W. 48TH AVE.  
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete  
Name: JHIN, EDDIE  
Address: 2648 BONAR HALL PATH  
City-St-Zip: DULUTH, GA 30097

Title: D ( ) Delete  
Name: JHIN, ANN S  
Address: ONE DUNSINANE LN  
City-St-Zip: BANNOCKBURN, IL 60015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDDIE JHIN

PRES

01/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date