2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 02, 2008 08:00 AM Secretary of State DOCUMENT # P94000024367 1. Entity Name M.D.P. ENGINEERING, INC. Mailing Address Principal Place of Business 1966 TIMBERLINE RD 1966 TIMBERLINE RD WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 65-0478611 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIPIETRO, MARIO Street Address (P.O. Box Number is Not Acceptable) 1966 TIMBERLINE RD WESTON FL 33327 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Synthese, operator primed learnest logic modernment portifice. This plication (NOTE: Acgistmod Agert a gitaltum regenen when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** Do-etc TITLE Change Addition U00000877078 NAME DIPIETRO, MARIO NAME 94/11/98-89999-021 150.00 1966 TIMBERLANE RD STREET ADDRESS STREET ADDRESS CITY-S1-Z12 WESTON FL 33327 CITY-ST-ZIP ☐ Derete ☐ Change ■ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP Derete TIFLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Modition ... Delete Change HITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP SITY-SI-7/P ☐ Change De ete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-SI-7P Delete THE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exernations contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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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 eath, that I am an efficer or director of the corporation or the receiver or trustee empowers at execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11