

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000042310 1. Entity Name MD ENTERPRISES OF AMERICA, INC.	
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Principal Place of Business 5825 SW 131 TERR. MIAMI, FL 33156	Mailing Address 5825 SW 131 TERR. MIAMI, FL 33156
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3658362	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent VITIELLO, MARCO 5825 SW 131 TERR. MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VITIELLO, DULCE 5825 SW 131 TERR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VITIELLO, GIANDOMINIC 5825 SW 131 TERR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD VITIELLO, MICHAEL 5825 SW 131 TERR. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/27/05-80001-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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, of 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

1/10/05

305-661-3411

Date

Daytime Phone #