2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2006 08:00 AM Secretary of State **DOCUMENT # 408327** 1. Entity Name MARDI LAND DEVELOPMENT, INC. Principal Place of Business Mailing Address 1355 WEST 53RD STREET APT, 320 1355 WEST 53RD STREET APT. 320 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEt Number 59-1484139 Not Applicat Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALAZAR, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1340 CORAL WAY CORAL GABLES FL City Zip Code 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, types on printed name of registered agent and lifts if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE ☐ Change U00000506520 NAME SALAZAR, EDUARDO MAME 04/27/0G-80025-015 158.00 1340 CORAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CORAL GABLES FL CITY-ST-ZIP TITLE SD ☐ Detete Стапое ☐ Addition TITLE NAME ZARAGOZI, MARIA NAME STREET ADDRESS AVE CONDADO 605, PDA. 17 STREET ADDRESS CHY-ST-ZIP SANTURCE PR CAY-ST-ZIP TITLE ☐ Delete HILL Change ☐ Addition MAME NAME STREET ACCRESS STREET ADDRESS CHY-ST-ZW CITY-ST-ZK TITCE Delete TIRE ☐ Change Addition DAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUY-ST-7P TITLE ☐ Delete DDF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STRELL ACTORESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

CIGNATURE.

4-18.06

FILED