

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 408327**

1. Entity Name

MARDI LAND DEVELOPMENT, INC.



Principal Place of Business

1355 WEST 53RD STREET  
APT. 320  
HIALEAH FL 33012

Mailing Address

1355 WEST 53RD STREET  
APT. 320  
HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1484139

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAZAR, EDUARDO  
1340 CORAL WAY  
CORAL GABLES FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing agent)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SALAZAR, EDUARDO	
STREET ADDRESS	1340 CORAL WAY	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZARAGOZI, MARIA	
STREET ADDRESS	AVE CONDADO 605, PDA. 17	
CITY- ST- ZIP	SANTURCE PR	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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04/25/08-80055-023 150.00

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.

SIGNATURE:

*EDUARDO SALAZAR - President*

4-9-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #