


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004190

1. Entity Name
MDI OF SOUTH FLORIDA, INC.



Principal Place of Business
**5 HATFIELD LANE
 GOSHEN, NY 10924**

Mailing Address
**5 HATFIELD LANE
 GOSHEN, NY 10924**



01232006 No Chg-P CR2E034 (1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1524293 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRSCHENBAUM, MR. MARC
 550 SOUTH EAST MIZNER BLVD APT B301
 BOCA RATON, FL 33432**

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: *Marc Kirschenbaum* *John Mandell* **3/1/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 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	DT KIRSCHENBAUM, MARC 5 HATFIELD LANE GOSHEN, NY 10924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KERR, STACEY S 5 HATFIELD LANE GOSHEN, NY 10924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDELL, JILL 5 HATFIELD LANE GOSHEN, NY 10924
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/17/06 00001 020 150 00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the secretary 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: *John Mandell* **3/1/06** **561-504-1823**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #