

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Page 182

DOCUMENT # F05000007048

1. Entity Name
MDWERKS, INC.



FILED

06 SEP 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1020 NW 6TH STREET, SUITE I
DEERFIELD BEACH, FL 33442

Mailing Address

1020 NW 6TH STREET, SUITE I
DEERFIELD BEACH, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072006

Chg-P

CR2E034 (11/05)

4. FEI Number

33-1095411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PFANNENSTIEL, TONIA
1020 NW 6TH STREET, SUITE 1
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name KATZ, HOWARD
Street Address (P.O. Box Number is Not Acceptable)

1020 NW 6th Street, Suite 1
City Deerfield Beach FL Zip Code 33442

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 re-stating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KANDEL, SOLON	
STREET ADDRESS	1020 NW 6TH STREET, SUITE I	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	KATZ, HOWARD B CEO	
STREET ADDRESS	1020 NW 6TH STREET, SUITE I	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, DAVID	
STREET ADDRESS	108 VILLAGE SQUARE, SUITE 327	
CITY-ST-ZIP	SOMERS, NY 10589	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNNE PETER	
STREET ADDRESS	1020 NW 6th Street, Suite 1	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUSHNER PAUL	
STREET ADDRESS	1020 NW 6th Street, Suite 1	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

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

Secretary

Date

Daytime Phone #

9/15

9/1/06 954 389 8300

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Page 2 of 2

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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-1095411	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PFANNENSTIEL, TONIA 1020 NW 6TH STREET, SUITE 1 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent Name: KATZ, HOWARD Street Address (P.O. Box Number is Not Acceptable): 1020 NW 6th Street, Suite 1 City: Deerfield Beach FL Zip Code: 33442		
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: <u>See Page 1</u> DATE: <u>9/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME KANDEL, SOLO STREET ADDRESS 1020 NW 6TH STREET, SUITE I CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE CEO NAME KATZ, HOWARD STREET ADDRESS 1020 NW 6th Street, Suite 1 CITY-ST-ZIP Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME KATZ, HOWARD B CEO STREET ADDRESS 1020 NW 6TH STREET, SUITE I CITY-ST-ZIP DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete		TITLE PD NAME KANDEL SOLO STREET ADDRESS 1020 NW 6th Street, Suite 1 CITY-ST-ZIP Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARNES, DAVID STREET ADDRESS 108 VILLAGE SQUARE, SUITE 327 CITY-ST-ZIP SOMERS, NY 10589	<input checked="" type="checkbox"/> Delete		TITLE CFO NAME COANGLO VINCENT STREET ADDRESS 1020 NW 6th Street, Suite 1 CITY-ST-ZIP Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE COO NAME MARESCA GERALD STREET ADDRESS 1020 NW 6th Street, Suite 1 CITY-ST-ZIP Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE CTO NAME WEISS STEPHEN STREET ADDRESS 1020 NW 6th Street, Suite 1 CITY-ST-ZIP Deerfield Beach, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE DIR NAME BARNES DAVID STREET ADDRESS 1020 NW 6th Street, Suite 1 CITY-ST-ZIP Deerfield Beach, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u>See Page 1</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					