

2004 FOR PROFIT CORPORATION ANNUAL REPORT

07-13-2004 90007 029 ****400:00

K00780

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
4/23/04 01024 002

JUL 26 PM 3:35

\$300.00

DOCUMENT # K00780
1. Entity Name
M.D. INTERNATIONAL, INC.



Principal Place of Business Mailing Address
11300 N.W 41 STREET 11300 N.W 41 STREET
MIAMI, FL 33178 US MIAMI, FL 33178 US

44048171



DO NOT WRITE IN THIS SPACE

07072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0012930 Not Applicable

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

6. Name and Address of Current Registered Agent

MERRITT, JAMES A
11300 NW 41 STREET
MIAMI, FL 33178

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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	CEO MERRITT, JAMES A 11300 NW 41 ST MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INFANTE, PEDRO 11300 NW 41 ST MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: *[Signature]* *[Signature]* 07/26/04 305-669-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #