


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # K05126 1. Entity Name MA-DS, INC.			
Principal Place of Business 6700 N ANDREWS STE 108 FT LAUDERDALE, FL 33309 US		Mailing Address 196 NW 114 LANE CORAL SPRINGS, FL 33071	
DO NOT WRITE IN THIS SPACE			
		01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0045026	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AZIF, DAVID 196 NW 114 LANE CORAL SPRINGS, FL 33071		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	AZIF, DAVID		
STREET ADDRESS	196 N.W. 114 LANE		
CITY-ST-ZIP	CORAL SPRINGS, FL		
TITLE	ST		
NAME	AZIF, SUZANNE		
STREET ADDRESS	196 N.W. 114 LANE		
CITY-ST-ZIP	CORAL SPRINGS, FL		
TITLE	VP		
NAME	AZIF, MICHAEL		
STREET ADDRESS	7870 NW 1ST ST		
CITY-ST-ZIP	MARGATE, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <i>DAVID AZIF</i> <i>pres.</i>		1/21/05 954 7728351	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	