


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90029 011 \*\*\*150.00

<b>DOCUMENT # K05126</b>	
1. Entity Name <b>MA-DS, INC.</b>	

Principal Place of Business <b>6700 N ANDREWS STE 108 FT LAUDERDALE, FL 33309 US</b>	Mailing Address <b>196 NW 114 LANE CORAL SPRINGS, FL 33071</b>
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2. Principal Place of Business - No P.O. Box # <b>196 NW 114th Lane</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Springs FL</b>	City & State
Zip <b>33071</b>	Country <b>USA</b>

**40008166**



01152007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0045026</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>AZIF, DAVID 196 NW 114 LANE CORAL SPRINGS, FL 33071</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AZIF, DAVID</b>		NAME	
STREET ADDRESS <b>196 N.W. 114 LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS, FL</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE <b>ST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AZIF, SUZANNE</b>		NAME	
STREET ADDRESS <b>196 N.W. 114 LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>CORAL SPRINGS, FL</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AZIF, MICHAEL</b>		NAME	
STREET ADDRESS <b>7870 NW 1ST ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARGATE, FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: David Azif pres. Date 1/2/07 Daytime Phone # 954 555 3031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR