

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90089 047 \*\*\*158.75

**DOCUMENT # K07257**

1. Entity Name  
MDK INTERNATIONAL, INC.



Principal Place of Business  
5991 CHESTER AVE.  
STE ~~210~~ 208  
JACKSONVILLE, FL 32217

Mailing Address  
5991 CHESTER AVE.  
STE ~~210~~ 208  
JACKSONVILLE, FL 32217

40078754



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2873449	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KLIMAN, HY W.  
5991 CHESTER AVE.  
STE ~~210~~ 208  
JACKSONVILLE, FL 32217

**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 *Hy W. Kliman* Hy W. Kliman 04/20/2005  
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, 2005 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	D KLIMAN, MARVIN D. 5991 CHESTER AVE. - STE <del>210</del> 208 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KLIMAN, HY W. 5991 CHESTER AVE. - <del>673-210</del> 208 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Marvin D. Kliman* Marvin D. Kliman 04/20/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
(904) 443-1256