
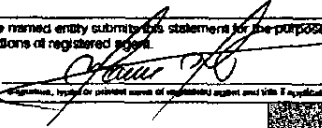
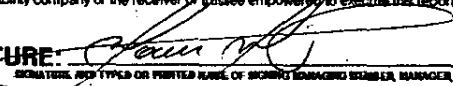


**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000009931		
1. Entity Name M.D.H. FORWARDING L.C.		
Principal Place of Business 225 W. 74 PLACE HIALEAH, FL 33014		Mailing Address 225 W. 74 PLACE HIALEAH, FL 33014
2. Principal Place of Business 8600 NW 64 ST		3. Mailing Address 8600 NW 64 ST
State, Apt. #, etc. Box 3		State, Apt. #, etc. Box 3
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33166	Country USA	4. FEI Number 65-1038668
Zip 33166	Country USA	Applied For Not Applicable
5. Name and Address of Current Registered Agent HERNANDEZ, VIVIAN 8660 W. FLAGLER ST., #119 MIAMI, FL 33144		6. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
7. Name and Address of New Registered Agent MAURICIO MAZA		
Street Address (P.O. Box Number is Not Acceptable) 8600 NW 64 ST Box 3		
City MIAMI, FL Zip Code 33166		
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
<small>(Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent/agent required when registering.)</small>		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGR	CREAZZOLA-CASTILLO, JULIO C <input checked="" type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS 10246 NW 67 TERR.	MIAMI, FL 33178	STREET ADDRESS CITY-ST-ZIP
TITLE MGR	MAZA-VILLALOBOS, MAURICIO <input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS 12300 NW 11 CT.	PEMBROKE PINES, FL 33028	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.		
SIGNATURE 		Date 9-5-03 786 287475
<small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>

55056090

CHECK HERE IF MAKING CHANGES

CHAPTER 806