

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051625

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** MDS MEDITERRANEAN ENTERPRISES, LLC

**Current Principal Place of Business:**

520 SW 157TH AVE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

9440 TANGERINE PLACE, #401  
FT LAUDERDALE, FL 33324

**Current Mailing Address:**

520 SW 157TH AVE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

9440 TANGERINE PLACE, #401  
FT LAUDERDALE, FL 33324

**FEI Number:** 20-2907650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHOMAR, JOSEPH  
7777 NW 146TH ST.  
MIAMI LAKES, FL 33016 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM (X) Delete  
Name: MOURAD, BASSAM  
Address: 520 SW 157TH AVE  
City-St-Zip: PEMBROKE, FL 33027

Title: MGRM ( ) Delete  
Name: EL-ASMAR, MAROUN  
Address: 9440 TANGERINE PLACE #301  
City-St-Zip: FT. LAUDERDALE, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

**SIGNATURE:** MAROUN EL-ASMAR

MGRM

01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date