## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L05000051625

FILED Mar 01, 2007 Secretary of State

Entity Name: MDS MEDITERRANEAN ENTERPRISES, LLC

**Current Principal Place of Business: New Principal Place of Business:** 

9440 TANGERINE PLACE, #401 2344 NE 12 STREET

FT LAUDERDALE, FL 33324 APT.#8

POMPANO BEACH, FL 33062

**Current Mailing Address: New Mailing Address:** 

9440 TANGERINE PLACE, #401 2344 NE 12 STREET FT LAUDERDALE, FL 33324

APT. #8

POMPANO BEACH, FL 33062

MGRM

ATILA, MURAT - MR

2344 NE 12 STREET

(X) Change ( ) Addition

POMPANO BEACH APT. #8, FL 33062

FEI Number: 20-2907650 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHOMAR, JOSEPH 7777 NW 146TH ST.

MIAMI LAKES, FL 33016 US

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

Title:

Name:

Address:

City-St-Zip:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete

EL-ASMAR, MAROUN Name: Address: 9440 TANGERINE PLACE #301

City-St-Zip: FT. LAUDERDALE, FL 33324

Title: Title: MGRM () Delete

( ) Change (X) Addition Name: Name: HAKAI, CHOPHAKA - MISS Address: Address: 2344 NE 12 STREET APT. #8 City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MURAT ATILA **MGRM** 03/01/2007