

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 26, 2009  
Secretary of State**

DOCUMENT# L06000066342

Entity Name: M.D.A. ENTERPRISES LLC

**Current Principal Place of Business:**

8404 N.W. 103 ST  
#1  
HIALEAH GARDENS, FL 33016 FL

**New Principal Place of Business:**

**Current Mailing Address:**

8404 N.W. 103 ST  
#1  
HIALEAH GARDENS, FL 33016 FL

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FARIAS, SOMAY P  
8404 N.W. 103 ST  
#1  
HIALEAH GARDENS, 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: D ( ) Delete  
Name: FARIAS, SOMAY P  
Address: 8404 N.W. 103 ST SUITE 1  
City-St-Zip: HIALEAH GARDENS, FL 33016 US

Title: MGRM ( ) Delete  
Name: SANTANA, SYLVIA G  
Address: 8404 N.W. 103 ST #1  
City-St-Zip: HIALEAH GARDENS, FL 33016 US

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: FARIAS, SOMAY P  
Address: 8404 N.W. 103 ST SUITE 1  
City-St-Zip: HIALEAH GARDENS, FL 33016 US

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

I hereby certify that the information supplied with this filing does not qualify 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: SOMAY FARIAS

P

03/26/2009

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