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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L50503

1. Entity Name
MJD INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
LAMONT, NEIMAN & FEUERMAN, PA 2 SOUTH BISCAYNE BLVD., STE. #3550 MIAMI, FL 33131	LAMONT, NEIMAN & FEUERMAN, PA 2 SOUTH BISCAYNE BLVD., STE. #3550 MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0187105** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMONT & NEIMAN, PA
ONE BISCAYNE TOWER SUTIE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Mercedes Hernandez
Street Address (P.O. Box Number is Not Acceptable): 4794 SW 72 Ave
City: Miami FL Zip Code: 33155

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: Mercedes Hernandez   8/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[illegible]

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HERNANDEZ, RAFAEL A 4794 S.W. 72ND AVENUE MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature]   8/20/03   305-987-5198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

m 8/27