## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

M65934

(5)

M.P.D. ENTERPRISES, INC.

M.P.D. ENTERPRISES, INC.								
Principal Place	e of Business	i ifthitti fir frift tin beibe a	1(1) 6191 6191 5191 6191 21					
140 SE 2ND CT Dania Fl 33004		140 SE 2ND CT Dania Fl 33004						
US		Stille Act. #, etc. 5 Contingto of Status Designal 5 \$8.75 Additional						
		2n Mailino Address			1		Applied For	
2. Principal P	Place of Business	h	10.003		65-0023021		Not Applicable	
Suite, Apt.	. #, etc.		. #, etc.		5. Certificate of Status Desired		Additional Required	
City & Sta	te	City 8 Sta	ite		Election Campaign Financing     Trust Fund Contribution		O May Be d to Fees	
Zip	Country	Zip	30	untry		s XNo	199.032,	
9. Name and Address of Current Registered Agent				T	10. Name and Address of New Registered Agent			
140	AS, MARIO SE 2ND CT			<ul><li>81 Name</li><li>82 Street #</li><li>83</li></ul>	Address (P.O. Box Number is Not Accepta	ıble)		
UAN	IA FL 33004			94 (4)		85 Z	ıp Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

Signature: Signature typed or printed num contreputered agent and title in agriculture.  OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
ITLE	P	☐ DELETE	1 1 TallE	Change	☐ Addition	
AME	DUCAS, MARIO		1.2 NAME			
TREET ADDRESS	140 SE 2ND CT		1.3 STREET ADDRESS			
CITY - ST - ZIP	DANIA FL		NA CITY-ST-ZIP	Change	[ ] Addition	
ITLE		DELETE	2 1 TITLE	Change	☐ Addition	
AME			2.2 NAME			
TREET ADORESS			2.3 STREET ADDRESS			
DITY-ST-ZIP			2 4 CHY - ST - ZIP		☐ Addition	
TITLE		DELETE	3 + TITLE	Change	☐ Mudition	
AME			3 2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
OFTY - ST - ZIP		_	3 4 C-14 - ST - ZIF	T 01	D Addition	
ITLE		DELETÉ	4 1 THILE	Change	☐ Additro	
IAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY - ST - ZIP	F7 01	□ Addit o	
TITLE		DELETE	5 1 TITLE	Change	Additio	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TILE		DELETE	6 1 TITLE	Change	Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
STREET WORKERS			6.4 CITY - ST-ZIP	for the exemption stated in Section 119.07(3)(k), Florida Stati		

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 comparation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes for on an affactment with an address. appears in Block 12 or Block 13 if change

SIGNATURE:

RE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTOR