2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025409

FILED Apr 16, 2005 Secretary of State

Entity Name: MDO CONSTRUCTION & DEVELOPMENT GROUP CORPORATION

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

8921 S HOLLYBROOK BLVD 937A SW 87 AVE #305 MIAMI, FL 33174

PEMBROKE PINES, FL 33025

Current Mailing Address: New Mailing Address:

P.O. BOX 17501 PLANTATION, FL 33318

FEI Number: 65-1054846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DAVILA, MANUEL JR
8921 S HOLLYBROOK BLVD
#305

DAVILA, MANUEL JR
937 A SW 87 AVE
MIAMI, FL 33174 US

PEMBROKE PINES, FL 33025 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: MANUEL DAVILA JR 04/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCO () Delete Title: PTS (X) Change () Addition

 Name:
 DAVILA, MANUEL JR
 Name:
 DAVILA, MANUEL JR

 Address:
 P.O. BOX 17501
 Address:
 P.O. BOX 17501

 City-St-Zip:
 PLANTATION, FL 33318
 City-St-Zip:
 PLANTATION, FL 33318

Title: VS (X) Delete Title: () Change () Addition

 Name:
 DAVILA, GLADYS E
 Name:

 Address:
 P.O. BOX 17501
 Address:

 City-St-Zip:
 PLANTATION, FL 33318
 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 DAVILA, MANUEL III
 Name:

 Address:
 P.O. BOX 17501
 Address:

 City-St-Zip:
 PLANTATION, FL 33318
 City-St-Zip:

Title: DV (X) Delete Title: () Change () Addition

 Name:
 DAVILA HAMILTON, DURANN
 Name:

 Address:
 P.O. BOX 17501
 Address:

 City-St-Zip:
 PLANTATION, FL 33318
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL DAVILA JR PTS 04/16/2005