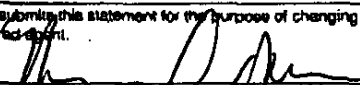
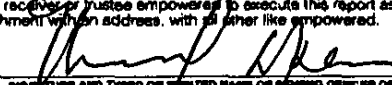


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90579 035 ***150.00

DOCUMENT # P0000060073					
1. Entity Name M & D INVESTMENT, INC.					
Principal Place of Business 1525 N.W. 3RD ST., SUITE 14 DEERFIELD BEACH, FL 33442			Mailing Address 1525 N.W. 3RD ST., SUITE 14 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business 1502 NW 3rd St Suite, Apt. #, etc. # 209		3. Mailing Address PO - Team Management PO Box 4082			
City & State Deerfield Beach, FL		City & State Deerfield Beach		4. FEI Number 53-0862053	
Zip 33442		Country Broward		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAN, MOHAMMED DINAJ 10245 LA REINA RD DELRAY BEACH, FL 33942			7. Name and Address of New Registered Agent Name MOHAMMED D. KHAN Street Address (P.O. Box Number is Not Acceptable) 10245 La Reina Rd City DeLray Beach FL Zip Code 33446		
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:  DATE: 4/22/04 Signature, typed or printed name of registered agent and date 7 applicable. (NOTE: Registered Agent signature required when (S) or (S)(10))					
FILE NOW!! FEE IS \$160.00 After May 1, 2004 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fee			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISLAM, MANZURUL 12693 TORBAY DRIVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KHAN, MOHAMMED DINAJ 10245 LA REINA RD DELRAY BEACH, FL 33442 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOHAMMED DINAJ KHAN 10245 La Reina Rd DeLray Beach, FL 33446 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 		DATE: 4/22/04 Phone: 954-520-0822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			