


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000064675 1. Entity Name MDX WIRELESS INC.	
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Principal Place of Business 18408 VIA DI REGINA BOCA RATON, FL 33496	Mailing Address 18408 VIA DI REGINA BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



03112004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2252276	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VALDEZ, ALEJO 18408 VIA DI REGINA BOCA RATON, FL 33496
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDEZ, ALEJO 18408 VIA DI REGINA BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALDEZ, MICHELE 18408 VIA DI REGINA BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDEZ, NICOL 18408 VIA DI REGINA BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALDEZ, NATALI 18408 VIA DI REGINA BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/15/04-80096-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alejo Valdez **3/12/04** 561-558-8288

Date Daytime Phone #