

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000085201

Entity Name: MAUDAV, INC.

FILED
May 22, 2007
Secretary of State**Current Principal Place of Business:**17707 NW MIAMI COURT - REAR
MIAMI, FL 33169**New Principal Place of Business:****Current Mailing Address:**PO BOX 692993
MIAMI, FL 33269**New Mailing Address:**

FEI Number: 65-1051238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROTBART & DEUTSCH, P.A.
21845 POWERLINE RD., #201
BOCA RATON, FL 33433 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:**Title: DPST () Delete
Name: DAVIS, MARCUS
Address: 3197 CANARY COURT
City-St-Zip: DECATUR, GA 30032Title: PRES () Delete
Name: DAVIS, MAURICE
Address: 18344 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33169Title: VP (X) Delete
Name: BURNS, TERRI
Address: 19720 NW 38 PLACE
City-St-Zip: MIAMI, FL 33055**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARCUS DAVIS

DPST

05/22/2007

Electronic Signature of Signing Officer or Director_____
Date