


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000065223 1. Entity Name THE NEW MDT ENTERPRISES, INC.	
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Principal Place of Business 1696 S 22ND AVENUE HOLLYWOOD, FL 33020	Mailing Address 4330 SW 27TH STREET HOLLYWOOD, FL 33023
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0105773	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIMBERLY, GLORIA 4330 SW 27TH ST. HOLLYWOOD, FL 33023
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIMBERLY, JACK 4330 SW 27TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIMBERLY, ANTOINETTE 4521 SW 25TH ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WIMBERLY, SHIRLEY 4330 SW 27TH STREET HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, MARCIA 4521 SW 25TH ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80061-012 150.00

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #