

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000065223

1. Entity Name

THE NEW MDT ENTERPRISES, INC.



Principal Place of Business

1696 S 22ND AVENUE
HOLLYWOOD, FL 33020

Mailing Address

4330 SW 27TH STREET
HOLLYWOOD, FL 33023



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0105773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIMBERLY, GLORIA
4330 SW 27TH ST.
HOLLYWOOD, FL 33023

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WIMBERLY, JACK
STREET ADDRESS 4330 SW 27TH STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE VP
NAME WIMBERLY, ANTOINETTE
STREET ADDRESS 4521 SW 25TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE S
NAME WIMBERLY, SHIRLEY
STREET ADDRESS 4330 SW 27TH STREET
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE T
NAME WILLIAMS, MARCIA
STREET ADDRESS 4521 SW 25TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000463170
03/25/06-80016-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

954-922-8918

Daytime Phone #