2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000111845

1. Entity Name
MVDB SOFTWARE, CORP.

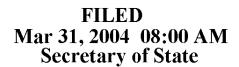| Principal Place of Business	Mailing Address
14359 MIRAMAR PARKWAY #233 MIRAMAR, FL 33027-4134	14359 MIRAMAR PARKWAY #233 MIRAMAR, FL 33027-4134

DO NOT WRITE IN THIS SPACE

03272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1155169	Not Applicable

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

6. Name and Address of Current Registered Agent

RONDON, FRANCISCO J SR.
3741 SW 160TH AVE
203
MIRAMAR, FL 33027

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. ☐	**$5.00** May Be Added to Fees	U0000009540 03/31/04--80009-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVST
NAME	RONDON, FRANCISCO J SR.
STREET ADDRESS	3741 SW 160TH AVE #203
CITY-ST-ZIP	MIRIMAR, FL 33027

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   3/27/04   (305) 343 6947
   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #