

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053921

Entity Name: MDS ENTERPRISE, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

13529 LUNKER COURT
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

PO BOX 943
ODESSA, FL 33556

New Mailing Address:

FEI Number: 90-0040877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YVONNE, LAMOUREUX D
13529 LUNKER COURT
ODESSA, FL 33556

Name and Address of New Registered Agent:

MOHAMMED, SHAFIQ
16006 RIDLEY PLACE
TAMPA, FL 33647

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: MOHAMMED SHAFIQ

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LAMOUREUX, YVONNE
Address: 13529 LUNKER COURT
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: SHAFIQ, MOHAMMED
Address: 16006 RIDLEY PLACE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SHAFIQ, MOHAMMED
Address: 16006 RIDLEY PLACE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MOHAMMED SHAFIQ

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date