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Secretary of State

04-16-2004 90073 005 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000081510

1. Entity Name
MARK DADELAND, INC.



Principal Place of Business
 1221 BRICKELL AVE., #2100
 MIAMI, FL 33131

Mailing Address
 1221 BRICKELL AVE., #2100
 MIAMI, FL 33131

44029196



03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2342300 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A ESQ.
 1221 BRICKELL AVE., #2100
 MIAMI, FL 33131

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PODESTA, RAYMUNDO
STREET ADDRESS	1221 BRICKELL AVE., #2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	PODESTA, MANON H
STREET ADDRESS	1221 BRICKELL AVE., #2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	PODESTA, MARIA
STREET ADDRESS	1221 BRICKELL AVE., #2100
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 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)(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: **MARIA PODESTA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #