

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000081510

1. Entity Name
MARK DADELAND, INC.



**FILED
May 01, 2006 8:00 am
Secretary of State**

05-01-2006 90335 023 ***150.00

40076434



04182006 Chg-P CR2E034 (11/05)

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

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

2. Principal Place of Business	3. Mailing Address <i>4007 ANDERSON RD</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	<i>CORAL GABLES, FL</i>
Zip	Country <i>33146</i>

4. FEI Number 56-2342300	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
*MR. PEDRO MARTIN
1221 BRICKELL AVE. #2100
MIAMI, FL 33131*

7. Name and Address of New Registered Agent

Name *ROBERT MOREIRA*

Street Address (P.O. Box Numbers Not Acceptable)
4007 ANDERSON ROAD

City *CORAL GABLES* FL *33146*

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 updating)

DATE

ROBERT MOREIRA 4.27.06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PODESTA, RAYMUNDO 1221 BRICKELL AVE., #2100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PODESTA, MANON H 1221 BRICKELL AVE., #2100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PODESTA, MARIA 1221 BRICKELL AVE., #2100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *MARIA PODESTA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.06

Date

Daytime Phone #