

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90335 023 \*\*\*150.00

DOCUMENT # P02000081510

1. Entity Name  
MARK DADELAND, INC.



40072434

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  
4004 ANDERSON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006

Chg-P

CR2E034 (11/05)

City & State

City & State  
CORONA GABLES, FL

4. FEI Number  
56-2342300

Applied For  
Not Applicable

Zip

Country

33146

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name ROBERT MOREIRA  
Street Address (P.O. Box Number Not Acceptable)  
4004 ANDERSON ROAD  
City CORONA 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 re-stating)

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

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

4.27.06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #