

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000093240

1. Entity Name

M & D ASSOCIATES, CORP.



Principal Place of Business

1132 NE 17 TERRACE
FORT LAUDEDALE FL 33304

Mailing Address

1132 NE 17 TERRACE
FORT LAUDEDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number 71-0902594

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CADAGAN BUSINESS SOLUTIONS & ASSOCIATES
5440 N. STATE RD.7
SUITE # 221
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MINVIELLE, ROBERTO MR
STREET ADDRESS 1132 NE 17 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE VP ☐ Delete
NAME DURAN, MARIA G MS.
STREET ADDRESS 1132 NE 17 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE T ☐ Delete
NAME MINVIELLE, ROBERTO SR
STREET ADDRESS 1132 NE 17 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE S ☐ Delete
NAME DURAN, MARIA G MS.
STREET ADDRESS 1132 NE 17 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000065538
CITY-ST-ZIP 02/25/04-80042-001 158.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #