

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000093240

Entity Name: M & D ASSOCIATES, CORP.

FILED
May 18, 2005
Secretary of State

Current Principal Place of Business:

5318 NE 6 TH. AVE
21 E
FORT LAUDEDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

5318 NE 6 TH. AVE
21 E
FORT LAUDEDALE, FL 33334

New Mailing Address:

FEI Number: 71-0902594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MINVIELLE, ROBERTO MR
Address: 5318 NE 6 TH. AVE - # 21 E
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VP () Delete
Name: DURAN, MARIA G MS.
Address: 5318 NE 6 TH. AVE - # 21 E
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T () Delete
Name: MINVIELLE, ROBERTO SR
Address: 5318 NE 6 TH. AVE - # 21 E
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S () Delete
Name: DURAN, MARIA G MS.
Address: 5318 NE 6 TH. AVE - # 21 E
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERTO MINVIELLE

P

05/18/2005

Electronic Signature of Signing Officer or Director

Date