

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90272 028 \*\*\*158.75

**DOCUMENT # P03000000981**

1. Entity Name

MDK, INC.



Principal Place of Business

2424 N FEDERAL HWY STE 105  
BOCA RATON FL 33431

Mailing Address

P.O. BOX 811657  
BOCA RATON FL 33481

2. Principal Place of Business

3. Mailing Address

752 S.E. MISTY MEADOWWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART, FL

Zip

Country

Zip

Country

34997

USA



MOORE

CR2E034 (11/03)

4. FEI Number

05-0551952

Applied For

Not Applicable

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

GONZALEZ, MELINDA  
2424 N FEDERAL HWY STE 105  
BOCA RATON FL 33431

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

*Melinda Gonzalez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME GONZALEZ, MELINDA  
STREET ADDRESS 2424 N FEDERAL HWY STE 105  
CITY-ST-ZIP BOCA RATON FL 33431

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 empowered.

SIGNATURE

*Melinda Gonzalez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Date

561-393-6101

Daytime Phone #