


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000018707	
1. Entity Name MDP GROUP OF CONSULTING ENGINEERS, PA	

Principal Place of Business 7884 NW 197 ST MIAMI, FL 33015	Mailing Address 7884 NW 197 ST MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 47-0909933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTINEZ, EDUARDO L 7884 NW 197 ST MIAMI, FL 33015

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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 EDUARDO L. MARTINEZ 3/2/05

Signature, typed or printed name of registered agent and the applicable NOTE: Registered Agent signature required when constituting DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000355176
05/03/05-80137-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, EDUARDO L 7884 NW 197 ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANGRA, ASLAM 12629 NW 13 ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAZOS, MARIO 4570 SW 151 PL MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: EDUARDO L. MARTINEZ, PRESIDENT 3/2/05 (304) 816-1075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #