

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051706

FILED
Jan 26, 2004
Secretary of State

Entity Name: MDS (U.S.A.), INC.

Current Principal Place of Business:

2030 SW 71ST. TERR., SUITE D-8
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

2030 SW 71ST. TERR., SUITE D-8
DAVIE, FL 33317

New Mailing Address:

FEI Number: 65-1187140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRY J. BEHAR, P.A.
888 3RD AVE., SUITE 400
FT. LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Change (X) Addition
Name: DOS SANTOS, MARCO A
Address: 2030 SW 71ST TERR SUITE D-8
City-St-Zip: DAVIE, FL 33317

Title: VP () Change (X) Addition
Name: DOS SANTOS, ANTONIO
Address: 2030 SW 71ST TER SUITE D-8
City-St-Zip: DAVIE, FL 33317

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: MARCO A DOS SANTOS

PSTD

01/26/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date