



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90079 037 ***158.75

| | | | | | |
|---|--|---|---|---|---|
| DOCUMENT # P03000121948 1. Entity Name M.D.I. INC | | | |  | |
| Principal Place of Business 8230 NW 183 ST. MIAMI, FL 33015 | | | Mailing Address 8230 NW 183 ST. MIAMI, FL 33015 | | |
| 2. Principal Place of Business 3492 W 84 st Suite, Apt. #, etc. E-104 | | 3. Mailing Address 3492 W 84 st Suite, Apt. #, etc. E-104 | | <div style="font-size: 1.2em; font-weight: bold;">24026862</div>  | |
| City & State Hialeah, FL | | City & State Hialeah, FL | | 4. FEI Number 05-1154880 | |
| Zip 33018 | | Country DADE | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAUTO, OTTO 8230 NW 183 ST. MIAMI, FL 33015 | | | | 7. Name and Address of New Registered Agent Name BAUTA, OTTO Street Address (P.O. Box Number is Not Acceptable) 3492 W 84 st E-104 City Hialeah FL Zip Code 33018 | |
| 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 <u><i>Otto Bauta</i></u> <u><i>Otto Bauta</i></u> <u><i>President</i></u> <u><i>3/18/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAUTO, OTTO 8230 NW 183 ST. MIAMI, FL 33015 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAUTA, OTTO 3492 W 84 st E-104 Hialeah, FL 33018 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODRIGUEZ, JORGE M 8230 NW 183 ST. MIAMI, FL 33015 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RODRIGUEZ, JORGE M 3492 W 84 st E-104 Hialeah, FL 33018 |
| | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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: <u><i>Otto Bauta</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u><i>3/18/04</i></u> <u><i>(305) 637-5000</i></u> <small>Date Daytime Phone #</small> | | |