

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # P04000050437

1. Entity Name
MDP SERVICES OF SOUTH FLORIDA, CORP.



Principal Place of Business
**20427 SW 54 PL
PEMBROKE PINES, FL 33332**

Mailing Address
**20427 SW 54 PL
PEMBROKE PINES, FL 33332**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1905332

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUENTES, MARIA D
20427 SW 54 PL
PEMBROKE PINES, FL 33332**

**DO NOT WRITE
IN THIS SPACE**

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 *Maria D. Puentes*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PUENTES, MARIA D
STREET ADDRESS	20427 SW 54 PL
CITY-ST-ZIP	PEMBROKE PINES, FL 33332
TITLE	S
NAME	HONDAREZ, ESTEBAN
STREET ADDRESS	20427 SW 54TH PL
CITY-ST-ZIP	PEMBROKE PINES, FL 33332
TITLE	T
NAME	PUENTES, MARIA
STREET ADDRESS	20427 SW 54TH PL
CITY-ST-ZIP	PEMBROKE PINES, FL 33332
TITLE	VP
NAME	HONDAREZ, ESTEBAN
STREET ADDRESS	20427 SW 54TH PL
CITY-ST-ZIP	PEMBROKE PINES, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80012-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2007 954-680-3511
Date Daytime Phone #