## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 12, 2006 8:00 am **Secretary of State** DOCUMENT # P04000128271 1. Entity Name 01-12-2006 90171 016 \*\*\*158.75 LEOPOLD MDM INC. Principal Place of Business Mailing Address 8875 RAMBLEWOOD DRIVE, #2016 C/O GRUBER AND ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 522 CORAL SPRINGS, FL 33071-4325 US FORT LAUDERDALE, FL 33308-1417 US 2. Principal Place of Business 9530 SW / PL Mailing Address 9130 PL 5W Suite, Apt. #, etc. Suite, Apt. #, etc. 01072006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number FL SPKING, FL SPRANGS ORAL CORAL 11-3727092 Not Applicable Country Zip 33071 \$8.75 Additional 5. Certificate of Status Desired BROWARS 3307 BROWARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEOPOLD, DANILO 8875 RAMBLEWOOD DRIVE, #2016 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33071-4325 City Zip Code FL 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 Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Defete TITLE TITLE Change XX Addition HOVEYDAI SINA 10584 NW SGTH-DR NAME LEOPOLD, MIRJANA NAME STREET ADDRESS 8875 RAMBLEWOOD DRIVE, #2016 STREET ADDRESS CITY-ST-70P CORAL SPRINGS, FL 330714325 CORAL SPRINGS, FL 33076 CITY-ST-ZIP VP TIFLE Delete TITLE ☐ Change Addition LEOPOLD MILOS 9530 SW 1 PL CORAL SPRINGS , FL NAME LEOPOLD, DANILO NAME STREET ADDRESS 8875 RAMBLEWOOD DRIVE, #2016 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 330714325 IFL 33071 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 12. I hereby certify that the information supplied with this filling 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 of the DAUILO LEOPOLD 01.10.2006 SIGNATURE: SIGNATURE AND TYPED OR

E OF SIGNING OFFICER OR DIRECTOR

FILED