2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135657

ONE DUNSINANE LN

BANNOCKBURN, IL 60015

Address:

City-St-Zip:

FILED Feb 06, 2006 Secretary of State

Entity Name: MDS DISTRIBUTORS OF MIAMI CORP.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
16421 N.W HIALEAH,	V. 48TH AVE. FL 33014				
Current Mailing Address:			New Mailing Address:		
16421 N.W HIALEAH,	V. 48TH AVE. FL 33014				
FEI Number	: 20-1681310	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GAST, DAVID A 2800 S.W. 3RD AVE. MIAMI, FL 33129 US			JHIN, EDDIE 16421 N.W. 48TH AVE HIALEAH, FL 33014	16421 N.W. 48TH AVENUE	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: EDDIE JHIN				02/06/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (PATA, LARRY 16201 N.W. 48 HIALEAH, FL 3		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (JHIN, EDDIE 4652 RIVER CO DULUTH, GA		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (JHIN, TEE H ONE DUNSINA BANNOCKBUR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () JHIN, ANN S) Delete	Title: Name:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: EDDIE JHIN **PRES** 02/06/2006