2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135657

Entity Name: MDS DISTRIBUTORS OF MIAMI CORP

FILED Jan 15, 2007 Secretary of State

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Current P	rincipal Plac	e of Business:	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 App	licable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
2800 S.W. MIAMI, FL	MALLOY, P THIRD AVE., 33129 US	HISTORIC CORAL WAY	nurnoso of changing	ito rogistoros	d office or registered agent or both
	named entity e of Florida.	submits this statement for the	purpose or changing	is registered	d office or registered agent, or both,
SIGNATU					
	Electro	nic Signature of Registered Ac	gent		Date
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (PATA, LARRY 16201 N.W. 4 HIALEAH, FL		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D (JHIN, EDDIE 4652 RIVER O DULUTH, GA		Title: Name: Address: City-St-Zip:	D JHIN, EDDIE 2648 BONAI DULUTH, GA	R HALL PATH
Title: Name: Address: City-St-Zip:	D () JHIN, TAE 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.

City-St-Zip:

SIGNATURE: EDDIE JHIN PRE 01/15/2007

BANNOCKBURN, IL 60015

City-St-Zip: