

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000082247

Entity Name: MCDS IMPORTERS, INC.

FILED  
Apr 24, 2007  
Secretary of State

## Current Principal Place of Business:

1046 GOLDEN CANE DR.  
WESTON, FL 33327

## New Principal Place of Business:

1959 HARBOR VIEW CIRCLE  
WESTON, FL 33327

## Current Mailing Address:

1046 GOLDEN CANE DR.  
WESTON, FL 33327

## New Mailing Address:

1959 HARBOR VIEW CIRCLE  
WESTON, FL 33327

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBLEDO, MARCELA G  
1046 GOLDEN CANE DR.  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

MONTES, HUGO M SR  
1959 HARBOR VIEW CIRCLE  
WESTON, FL 33327 US

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.

SIGNATURE: HUGO M MONTES

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: ROBLEDO, MARCELA G  
Address: 1046 GOLDEN CANE DR.  
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: MONTES, HUGO M SR  
Address: 1959 HARBOR VIEW CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Change (X) Addition  
Name: URRECHAGA, MARIA C MRS  
Address: 1959 HARBOR VIEW CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: MGT ( ) Change (X) Addition  
Name: MONTES, HUGO M SR  
Address: 1959 HARBOR VIEW CIRCLE  
City-St-Zip: WESTON, FL 33327

Title: ST ( ) Change (X) Addition  
Name: AGUILLON, JORGE A SR  
Address: 19317 SENECA AV  
City-St-Zip: WESTON, FL 33332

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

SIGNATURE: HUGO M MONTES

PDS

04/24/2007

Electronic Signature of Signing Officer or Director

Date