

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90283 001 ***150.00
05-29-2007 90283 002 *****8.75

DOCUMENT # P06000084193 1. Entity Name MDLC INCORPORATED					
Principal Place of Business 11646-A US HIGHWAY 1 PALM BEACH GARDENS, FL 33408				Mailing Address 11646-A US HIGHWAY 1 PALM BEACH GARDENS, FL 33408	
2. Principal Place of Business - No P.O. Box # 11646-A US HIGHWAY 1		3. Mailing Address 11646-A US HIGHWAY 1			
Suite, Apt. #, etc. Palm Beach Garden		Suite, Apt. #, etc. Palm Beach Garden			
City & State FL		City & State FL			
Zip 33408	Country		Zip 33408	Country	
4. FEI Number 20-5072719				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				05162007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DE LA CRUZ, MILAGROS 11646-A US HIGHWAY 1 PALM BEACH GARDENS, FL 33408				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <div style="text-align: center; font-size: 2em; margin: 10px 0;">N.A.</div> City _____ FL Zip Code _____	
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. <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">N.A.</div>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DE LA CRUZ, YSIDRO 11646-A US HIGHWAY 1 PALM BEACH GARDENS, FL 33408 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DE LA CRUZ, MILAGROS 11646-A US HIGHWAY 1 PALM BEACH GARDENS, FL 33408 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: Ysidro De La Cruz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-23-07 561-622-1992 <small>Date Daytime Phone #</small>		

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