

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000112241

Entity Name: MD CAPITAL CORP.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18004 NW 6TH STREET STE. 104  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18004 NW 6TH STREET STE. 104  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 41-2215132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAUDUN BEAUBOEUF, ANNA M  
18004 NW 6TH STREET STE. 104  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BENJAMIN, MAX F.  
Address: 18004 NW 6 ST., STE. 104  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP  
Name: LAUDUN BEAUBOEUF, ANNA M.  
Address: 18004 NW 6TH ST., STE. 104  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: ANNA LAUDUN BEAUBOEUF

VP

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date