## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2005 8:00 am Secretary of State

Daytime Phone #

BENDAVID, MIKE SITECT ADDRESS SOOT NW 72 AVE SITECT ADDRESS SOOT NW 72 AVE SITECT ADDRESS SITECT ADDRESS SITECT ADDRESS SOOT NW 72 AVE SITECT ADDRESS SITECT	1. Entity Nam	MENT # P920000 MD ELECTRONICS, INC			01-27-	2005 90055 0	35 ***150	0.00
Substitute of the control of the purpose of changing is registered agent a post of the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of the purpose of changing is registered discorrect agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of the purpo	5001 NW 72	AVE	1 5001 NW 72 AVE	ÜS .	-   r .	500	107369	3
City & State  Country  See Countr	2. Principal P	lace of Business	3. Mailing Address					
BENDAVID MIKE   Street Address of Current Registered Agent   Street Address of Current Registered Agent   Street Address of Current Registered Agent   Street Address of Name and Address of Current Registered Agent   Street Address of Name and Address of Name Registered Agent   Street Address of Name and Address of Name Registered Agent   Street Address (P.O. Box Namber is Not Acceptable)   Street Address (P.O. Box Namber is N	Suite, Apt. #, etc.		Suite, Apt. #, etc.		 01192005 Chg-l	P CR2E	034 (10/03)	
So Name and Address of Current Registered Agent  So Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Sirect Address of Name and Address of New Registered Agent  Sirect Address of Pool New Registered Agent	City & State		City & State			•		
BENDAVID, MIKE SOUT INV 72 AVE MIAMI, FL 33166  6. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the collegiations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$55.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PROMISE SIGNATURE  PROMISE SIGNATURE  PROMISE SIGNATURE  PROMISE SIGNATURE  PROMISE SIGNATURE  Supera Additional Agent signature received agent and the statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept agent and agent age	Zip	Country	Zip	Country		esired	\$8.75 Add	litional
BENDAVID, MIKE SOI 1 NW 72 AVE MIAMI, FL 33166  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the both displaced agent age		6. Name and Address of Cu	rrent Registered Agent	Nama		of New Registered		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida.	5001 NW 7	72 AVE				ceptable)	•	
The obligations of registered agent.    Signature   Si				City		FI.	Zip Codi	9
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11  TITLE   PD	_		u agent and title d'applicable. (N	OTE: Registered Agent signature in	equired When reinstating)	DATE		
TITLE   PD   BENDAVID, MIKE   BENDAVID, MIKE   NAME   NAME   STREET ADDRESS   STREET ADDRES				paign Financing ontribution.				
INME SIFEET ADDRESS CITY-ST-ZIP  INME SIFEET ADDRESS CITY-ST-ZIP  INME SIFEET ADDRESS CITY-ST-ZIP  INTE NAME	<del></del>			11.	: ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS	S IN 11
NAME SITTON, AHARON SOOT NW 72 AVE MIAMI, FL 33165  Delete MIAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	NAME STREET ADDRESS	BENDAVID, MIKE 5001 NW 72 AVE	∟i Deiete	NAME STREET ADDRESS			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 in changed, or on an attachment with an address with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	i i da que pui i		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 in changed, or on an attachment with an address with all other like empowered.  SIGNATURE:	NAME STREET ADDRESS		☐ Delete	NAME Street address			Change	Addition
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PROPERTY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	indicated of the cor changed	on this report or supplemental re rporation or the receiver or trustee , or on an attachment with an add	port is true and accurate and the empowered to execute this repo rescription all other like empowere	for the exemption stated at my signature shall have ort as required by Chapte ed.	in Section 119.07(3)(i), Florida S b the same legal effect as if mad er 607, Florida Statutes; and that	e under oath; that I my name appears	am an officer in Block 10 or	nformation or director Block 11 if