

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

07-13-2004 90007007 \*\*\*400.00

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
4/23/04 01024 002

04 JUL 26 PM 3:35

\$300.00

**DOCUMENT # P93000067679**  
1. Entity Name  
M.D. INTERNATIONAL SALES CORP.



Principal Place of Business: 11300 NW 41 ST MIAMI, FL 33178  
Mailing Address: 11300 NW 41 ST MIAMI, FL 33178

44048194



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 65-0460513 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MERRITT, JAMES A  
11300 NW 41 ST  
MIAMI, FL 33178

**DO NOT WRITE IN THIS SPACE**

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.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MERRITT, JAMES A
STREET ADDRESS	11300 NW 41 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	C
NAME	PEREZ, MARGARITA M
STREET ADDRESS	11300 NW 41 ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *AM* *Al Merritt* 07/06/04 305-669-4003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #