## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P94000002984

FILED Aug 30, 2005 Secretary of State

Entity Na	me: M.K. RC	DLLAND, INC.				
Current Principal Place of Business:				New Principal Place of Business:		
1559 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162				7601 E. TREASURE DRIVE		
				S #9 NORTH BAY VILLAGE, FL 33141		
				New Mailing Address:		
Current Mailing Address:				-		
1559 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162				7601 E. TREASURE DRIVE S #9		
				NORTH BAY VILLAGE, FL 33141		
FEI Number	: 65-0462266	FEI Number Applied For ( )	FEI Numb	per Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ANNESE, SALVATORE D 632 NE 151 ST N MIAMI BEACH, FL 33162 US				ADAN, ALBERT		
				7601 E. TREASURE DRIVE S #9		
				NORTH BAY VILLAGE, FL 33141 US		
	e named entity e of Florida.	submits this statement for the	ne purpose of	changing its regist	ered office or registered agent, or both,	
SIGNATURE: ADAN ALBERT					08/30/2005	
	Electro	onic Signature of Registered	Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	Р (	) Delete	7	Γitle:	( ) Change ( ) Addition	
Name:	ADAN, ALBER			Name:		
Address: City-St-Zip:	991 SW 101 T PEMBROKE F	PINES, FL 33024		Address: City-St-Zip:		
Title:	VP (	) Delete	7	Γitle:	( ) Change ( ) Addition	
Name:	ANNESE, SAL	•		Name:	( )3- ( )	
Address:	632 N.E. 151			Address:		
City-St-Zip:	N. MIAMI BEA	CH, FL 33162	(	City-St-Zip:		
Title:		) Delete		Γitle:	( ) Change ( ) Addition	
Name:	ddress: 21533 BISCAYNE BLVD., APT. N-144			Name:	dress:	
City-St-Zip:				Rudress. City-St-Zip:		
Title:	т (	) Delete	7	Γitle:	( ) Change ( ) Addition	
Name:	LEVIN, MICHAEL			Name:	( )	
Address: 21399 MARINA COVE CIRCLE			F	Address:		
City-St-Zip: AVENTURA, FL 33180			(	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ADAN ALBERT Ρ 08/30/2005