
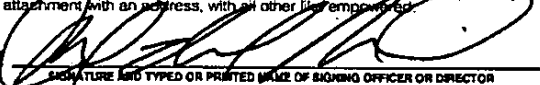


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/4/2005-90005-026-\$150.00-\$150.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # P94000007107</b>  |   |                                    |   |
| 1. Entity Name<br><b>M.D.R. PRINTING SERVICE, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>1169 S.W. 85TH COURT<br/>MIAMI, FL 33144</b>  |   | Mailing Address<br><b>1169 S.W. 85TH COURT<br/>MIAMI, FL 33144</b>  |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent   |   |
| <b>DEL RIVERO, MIGUEL<br/>1169 S.W. 85TH COURT<br/>MIAMI, FL 33144</b>  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.   |   |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |   |
| <b>FILE NOW!!! FEE IS \$350.00<br/>Due by September 7, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PO<br>DEL RIVERO, MIGUEL<br>1169 S.W. 85TH COURT<br>MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>DEL RIVERO, ANAY P<br>1169 S.W. 85TH COURT<br>MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 petitioner 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 filers empowered. |   |   |   |
| SIGNATURE    |   | 7-24-05 305-409-8717  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |   |

FILED

05 OCT -3 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

62



05202005 Chg-P CR2E034 (10/03)

# **MDR PRINTING INC.**

**1169 SW 85TH COURT  
MIAMI, FLORIDA 33144  
305-409-8717**

To whom it my concern;

9/28/2005

I Miguel del Rivero president of M.D.R.Printing Service Inc mailed my annual report and money before May the first. I did not receive no letter until July the 12. Saying that it was incorrect it stated I had 30 days to send it back so I mailed it back on July 24.

I am asking to please remove the penalty from my corporation . Do to I did not receive no information until July 12.

In advance I would like the thank you for the removing of the penalty If you have any question please do not hesitate to call me my number is 305-409-8717

Thank you



MIGUEL DEL RIVERO  
President of M.D.R. printing