

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90006 002 ***150.00

DOCUMENT # P96000099605

1. Entity Name
MDN LAKE IDA, INC.



Principal Place of Business
6909 SW 18TH STREET
SUITE A111 WHARFSIDE AT BOCA RATON
BOCA RATON, FL 33433 US

Mailing Address
6909 SW 18TH STREET
SUITE A111 WHARFSIDE AT BOCA RATON
BOCA RATON, FL 33433 US

54055238



05062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0712113

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVILIO, DAN *Navilio, Frank*
6909 SW 18TH STREET *110 SE 4th Ave, Sk 101*
#11 *Delray Beach, FL*
BOCA RATON, FL 33433 *33483*

**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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**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	D
NAME	NAVILIO, DAN
STREET ADDRESS	764 RYDER RD. <i>110 SE 4th Ave</i>
CITY-ST-ZIP	BOYNTON BEACH, FL 33435 <i>Delray Beach, FL</i>
TITLE	D
NAME	NAVILIO, FRANK
STREET ADDRESS	2800 HAMPTON BRIDGE RD <i>110 SE 4th Ave</i>
CITY-ST-ZIP	DELRAY BCH, FL 33445 <i>Delray Beach, FL</i>
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ATTACHMENT

54055238



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 6, 2004

MDN LAKE IDA, INC.
6909 SW 18TH STREET
SUITE 111
BOCA RATON, FL 33433 US

SUBJECT: MDN LAKE IDA, INC.
Ref. Number: P96000099605

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 204A00030996

ATTENTION 54055338



Division of Corporations

Annual Report

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Document Number
P96000099605

Business Entity Name
MDN LAKE IDA, INC.

FBI Number 650712113

FBI Number Status ☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address 6909 SW 18TH STREET

Suite, Apt. #, etc. SUITE A111 WHARF SIDE AT BOCA RATON

City, State BOCA RATON FL

Zip Code & Country 33433 US

Mailing Address

Address 6909 SW 18TH STREET

Suite, Apt. #, etc. SUITE A111 WHARF SIDE AT BOCA RATON

City, State BOCA RATON FL

Zip Code & Country 33433 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) NAVILLO, DAN

-or- RA Business Name

Address 6909 SW 18TH STREET

Suite, Apt. #, etc. #111

City, State BOCA RATON FL

Zip Code & Country

33433

US

P9606609665

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Dan Navillo

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Attachment

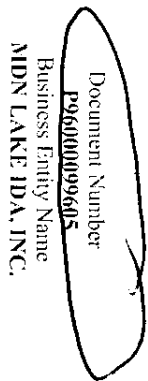


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Annual Report

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Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title

D

Name (Last, First, Middle, Title) NAVILIO

DAN

-or- Entity Name

Street Address

6909 SW 18th St

City, State

Boca Raton

FL

Zip Code & Country

33433

Title

D

Name (Last, First, Middle, Title) NAVILIO

FRANK

-or- Entity Name

Street Address

6909 SW 18th St

City, State

Boca Raton

FL

Zip Code & Country

33433

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

Division of Corporations

Attachment

54055338

P9600089605

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title D

Attachments

534055-238

Officer/Director Signature Dan Navilio

09600099605

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Division of Corporations

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\$150.00

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