

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

06-17-2004 90002 001 \*\*\*150.00

DOCUMENT # P97000055567

1. Entity Name  
MDN PROPERTY MANAGEMENT, INC.



Principal Place of Business

6909 SW 18TH STREET  
#11  
BOCA RATON, FL 33433 US

Mailing Address

6909 SW 18TH STREET  
#11  
BOCA RATON, FL 33433 US

54057792



2. Principal Place of Business

110 SE 4th Ave  
Suite, Apt. #, etc.  
101

3. Mailing Address

- Same -  
Suite, Apt. #, etc.

05072004 Chg-P CR2E034 (10/03)

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number  
65-0758678

Applied For  
Not Applicable

Zip  
33483

Country  
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

NAVILIO, DAN  
6909 SW 18TH STREET  
#11  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name Frank Navilio  
Street Address (P.O. Box Number is Not Acceptable)  
110 SE 4th Ave  
City 101 Delray Beach FL Zip Code 33483

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

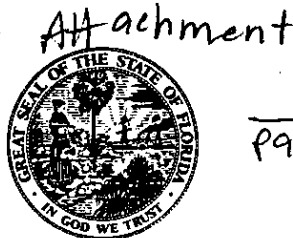
TITLE-NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	NAVILIO, DAN	
CITY-ST-ZIP	764 RIDER RD. BOYNTON BEACH, FL 33435	
TITLE-NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	NAVILIO, FRANK	
CITY-ST-ZIP	6909 SW 18TH STREET BOCA RATON, FL 33434	
TITLE-NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	110 SE 4th Ave, Ste 101
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE-NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	110 SE 4th Ave, Ste 101
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE-NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



574057792  
P97000055567

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 8, 2004

MDN PROPERTY MANAGEMENT, INC.  
6909 SW 18TH STREET  
#11  
BOCA RATON, FL 33433 US

SUBJECT: MDN PROPERTY MANAGEMENT, INC.  
Ref. Number: P97000055567

We have received your document for MDN PROPERTY MANAGEMENT, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**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.

Eula Peterson  
Document Specialist

Letter Number: 604A00031944



Division of Corporations

Annual Report

Page 1

Document Number  
P97000055567  
Business Entity Name  
~~MIDN PROPERTY MANAGEMENT, INC.~~

FEL Number 650758678

FEL 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. #11

City, State BOCA RATON , FL

Zip Code & Country 33433 US

Mailing Address

Address 6909 SW 18TH STREET

Suite, Apt. #, etc. #11

City, State BOCA RATON , FL

Zip Code & Country 33433 US

Name And Address of Registered Agent

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

-or- RA Business Name

Address 6909 SW 18TH STREET

Suite, Apt. #, etc. #11

City, State BOCA RATON , FL

Attachment

524057282  
P97000055567

Zip Code & Country

33433

US

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 Frank Navilio

Continue

Reset

Start Over

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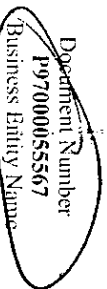


Attachment

Division of Corporations

Annual Report

Page 2



MDN PROPERTY MANAGEMENT, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title D

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

-or- Entity Name

Street Address 6909 SW 18th Street

City, State Boca Raton FL

Zip Code & Country 33433

Title D

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

-or- Entity Name

Street Address 6909 SW 18TH STREET

City, State BOCA RATON FL

Zip Code & Country 33433

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

54057792

Division of Corporations

Attachment

526057792  
P9700005567

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

Attachment

24052792  
P9700005567

Officer/Director Signature Frank Navilio

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Attachment

524057792



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P97000055567

Tracking Number: 800033963818

The charge for your Annual Report is  
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

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