2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT	# S83414
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1. Entity Name

M.D. DATRAN MANAGEMENT, INC.



Principal Place of Business

9090 S DADELAND BLVD

SUITE 210

MIAMI, FL 33156 US

Mailing Address

9090 S DADELAND BLVD

SUITE 210

MIAMI, FL 33156



04012005

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0286953 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONROS, JOSE 9090 S. DADELAND BLVD, STE 210 MIAMI, FL 33156

CICMATURE.

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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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent wignature required when reinstating) DATE							
FILE NOWI! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financian Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PULENTA, LUIS A. 9090 S DADELAND BLVD STE 204 MIAMI, FL 33156				000000330745 04/25/05-80172-020 150.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DVS GLAS, RICARDO 9090 S DADELAND BLVD STE 204 MIAMI, FL 33156						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP							
TITLE NAME 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 type 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 empoyered 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 time empowered.							