


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 018 ***150.00

DOCUMENT # S98224			
1. Entity Name MDR DIVERSIFIED MARKETING & MANAGEMENT, INC.			
Principal Place of Business 7015 BERACASA WAY STE. #103 BOCA RATON, FL 33433		Mailing Address C/O BLAKESBERG & CO CPAS 951 SW. 4TH AVE BOCA RATON, FL 33432-5803	
2. Principal Place of Business		3. Mailing Address <i>7015 Beracasa Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Ste. 103</i>	
City & State		City & State <i>Boca Raton FL</i>	
Zip	Country	Zip	Country
		<i>33433</i>	<i>USA</i>
6. Name and Address of Current Registered Agent ROSENBERG, MICHAEL D 7015 BERACASA WAY BOCA RATON, FL 33433		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBERG, MICHAEL D 7015 BERACASA WAY BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Dr. M. Rosenber</i>		Date: <i>3/10/05</i> (561) 394-0900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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02082005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3105225** Applied For Not Applicable

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