


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90335 023 ***150.00

DOCUMENT # P02000081510

1. Entity Name
MARK DADELAND, INC.



Principal Place of Business
1221 BRICKELL AVE., #2100 MIAMI, FL 33131

Mailing Address
1221 BRICKELL AVE., #2100 MIAMI, FL 33131

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4004 ANDERSON RD
 Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

Zip
33146

Country
US

40072934



04182006 Chg-P CR2E034 (11/05)

4. FEI Number
56-2342300

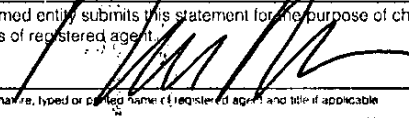
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MR. PEDRO MARTIN
1221 BRICKELL AVE., #2100
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **ROBERT MOREIRA**
 Street Address (P.O. Box Number Not Acceptable)
4004 ANDERSON ROAD
 City **CORAL GABLES** FL Zip Code **33146**

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  **ROBERT MOREIRA** 4-27-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PODESTA, RAYMUNDO	
STREET ADDRESS	1221 BRICKELL AVE., #2100	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PODESTA, MANON H	
STREET ADDRESS	1221 BRICKELL AVE., #2100	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	PODESTA, MARIA	
STREET ADDRESS	1221 BRICKELL AVE., #2100	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **MARIA PODESTA** 4-27-06
Signature and typed or printed name of signing officer or director Date Daytime Phone #