


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**


DOCUMENT # **556110**

1. Entity Name  
**KDM CORPORATION**



Principal Place of Business <b>4441 COLLINS AV, #452</b> <b>MIAMI BCH, FL 33140 US</b>	Mailing Address <b>4441 COLLINS AV, #452</b> <b>MIAMI BCH, FL 33140 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1797651</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KURTZMAN, ALAN**  
**4441 COLLINS AVE.**  
**SUITE 452**  
**MIAMI BEACH, FL 33140**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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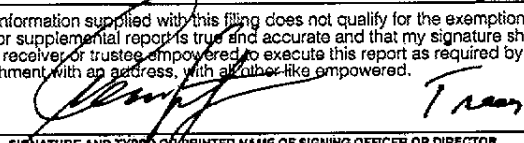
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUSS, STEPHEN 4441 COLLINS AV, #452 MIAMI BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MELANIE, MUSS 4441 COLLINS AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS ALAN, KURTZMAN M 4441 COLLINS AVE MIAMI BEACH, FL 33140
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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:  **Alan Kurtzman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/4/04** Daytime Phone # \_\_\_\_\_