

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 814404 1. Entity Name DMJM+HARRIS, INC.	
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Principal Place of Business 515 SOUTH FLOWER ST., 4TH FLOOR LOS ANGELES, CA 90071	Mailing Address 800 DOUGLAS RD. SUITE 770 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-5511947	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 660 EAST JEFFERSON ST. TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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.

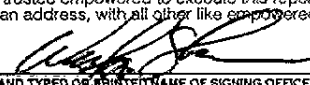
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000100140 03/31/04-80034-011 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIONISIO, JOHN M 605 THIRD AVENUE NEW YORK, NY 10158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERPIN, KENNETH M 605 THIRD AVENUE NEW YORK, NY 10158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SCHWARTZ, PAUL E 601 THIRD AVENUE NEW YORK, NY 10158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGC GREENSPAN, ELISE 605 THIRD AVENUE NEW YORK, NY 10158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHIMODA, WESLEY T 3250 WILSHIRE BLVD LOS ANGELES, CA 90010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORONA, G.M. 800 DOUGLAS RD., SUITE 770 CORAL GABLES, FL 33134

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/27/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #