


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F95000001536  
 1. Entity Name  
 C.D.M.I. INC.



Principal Place of Business      Mailing Address  
 12386 S.W. 82ND AVE.      12386 S.W. 82ND AVE.  
 MIAMI, FL 33156      MIAMI, FL 33156



01172006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0553895      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ROBLES, CARLOS  
 8270 S.W. 119TH STREET  
 MIAMI, FL 33156

**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: Carlos Robles      1/20/06

Signature: Typed or printed name of registered agent and file if applicable      (FOI) - Registered Agent signature required when reinstating      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	PC
NAME	ROBLES, CARLOS
STREET ADDRESS	8270 S.W. 119TH ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VVC
NAME	ROBLES, CARRIE
STREET ADDRESS	8270 S.W. 119TH ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000388955  
 01/31/06-80021-006 150.00

**DO NOT WRITE IN THIS SPACE**

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 (I am empowered

SIGNATURE: Carrie Robles - Carrie Robles    1/18/06    304315409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Daytime Phone #