


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90050 030 \*\*\*150.00

<b>DOCUMENT # L64434</b>	
1. Entity Name DEVELOPMENT MANAGEMENT GROUP, INC.	

Principal Place of Business 3250 MARY STREET CONTINENTAL PLAZA, STE. 401 COCONUT GROVE, FL 33133	Mailing Address 3250 MARY STREET CONTINENTAL PLAZA, STE. 401 COCONUT GROVE, FL 33133
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44004776

2. Principal Place of Business Suite, Apt., #, etc. <i>SUITE 402</i>	3. Mailing Address Suite, Apt., #, etc. <i>SUITE 402</i>
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City & State	City & State	4. FEI Number 65-0186406	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  MCLAUGHLIN, BRIAN A 3250 MARY STREET CONTINENTAL PLAZA, STE. 401 COCONUT GROVE, FL 33133		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>SUITE 402</i>  City <b>FL</b> Zip Code	
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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 <i>[Signature]</i> DATE <i>1/16/04</i> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST MCLAUGHLIN, BRIAN A. 3250 MARY ST., CONTINENTAL PL., STE. 401 <i>X2</i> COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.	
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>1/16/04</i> 305-444-9166 <small>Daytime Phone #</small>