
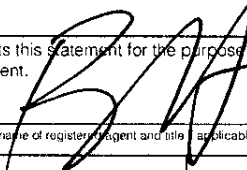
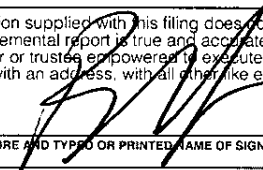


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90216 024 \*\*\*150.00

<b>DOCUMENT # P00000023234</b> 1. Entity Name <b>DMW INVESTMENTS CORP.</b>					
Principal Place of Business <b>C/O ALLEN &amp; GALEGO</b> <b>601 BRICKELL KEY DRIVE SUITE 805</b> <b>MIAMI, FL 33131</b>				Mailing Address <b>C/O ALLEN &amp; GALEGO</b> <b>601 BRICKELL KEY DRIVE SUITE 805</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business <b>C/O ROBERT ALLEN LAW</b> Suite, Apt. #, etc. <b>1441 BRICKELL AVE. SUITE 1014</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b>				3. Mailing Address <b>C/O ROBERT ALLEN LAW</b> Suite, Apt. #, etc. <b>1441 BRICKELL AVE. SUITE 1014</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b>	
4. FEI Number <b>65-1138088</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				03302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>ALLEN &amp; GALEGO.</b> <b>601 BRICKELL KEY DRIVE</b> <b>SUITE 805</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>ROBERT ALLEN LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 BRICKELL AVE. SUITE 1014</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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  By: <b>Robert N. Allen, Jr., President</b> 4/29/04 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALASSI, WATIER 601 BRICKELL KEY DRIVE STE 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALASSI, WATIER 1441 BRICKELL AVE, SUITE 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALASSI, MEIRI C 601 BRICKELL KEY DRIVE STE 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALASSI, MEIRI C 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR 601 BRICKELL KEY DRIVE STE 805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N. JR. 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131	<input checked="" 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
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 all other like empowered.					
SIGNATURE:  <b>Robert N. Allen, Jr.</b> 4/29/04 305-372-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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