## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000023234

1. Entity Name

DMW INVESTMENTS CORP.



## FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90319 013 \*\*\*150.00

						SOD WE							
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131			C/O 601	Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131									
2. Principal Place of Business				3. Mailing Address					111 <b>50</b> 111 0611 001				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				FEI Number	65-11380	88	<del></del>	Applied For	
Zip Country			Zip	Zip Cour			5.	5. Certificate of Status Desire			\$8.75 Ac	dditional	
	6. Name	and Address of Current	Registere	gistered Agent			7.	Name and A	ddress of Nev	v Registered	Agent		
at transact - annum malionara (2am)							Name						
ALLEN & GALEGO							Street Address (P.O. Box Number is Not Acceptable)						
601 BRICKELL KEY DRIVE SUITE 805											<del></del>		
MIAMI FL 33131						City					Zip Co	de	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
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FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									ion Campaign Fund Contribu	-		00 May Be ed to Fees	
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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), Fiorida Statutes. I further certify that the information indicated on this report or supplemental peport 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 of truetee 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

011/

<u> 305-311-33</u>

Daytime Phone #

R2F034 (10/02