
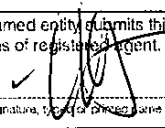
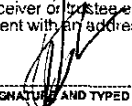


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000073362</b> 1. Entity Name <b>MDM GROUP, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATION <b>4 DEC 15 PM 12:59</b> <b>REINSTATEMENT 04</b> <b>5/26/04 01055 016</b> <del>\$150.00</del>	
Principal Place of Business		Mailing Address					
14816 S.W. 104 STREET #81 MIAMI, FL 33196		14816 S.W. 104 STREET #81 MIAMI, FL 33196					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
				4. FEI Number 65-1039941		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MANGAS, GLORIA 14816 S.W. 104 STREET #81 MIAMI, FL 33196				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <span style="float: right;"><b>FL</b></span> Zip Code			
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: <b>11-12-04</b>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS	<input type="checkbox"/> Delete		TITLE	5/26/04 01055 016 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANGAS, GLORIA			NAME	150-00		
STREET ADDRESS	14816 S.W. 104 STREET #81			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: 				11-12-04 Date Daytime Phone #			

Miami ,Florida  
11/12/2004

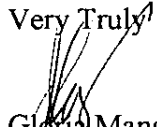
Division of Corporation  
Tallahassee, Fl.

RE: Annual Report  
Document # P00000073362 MDM GROUP, INC.  
~~11-12-2004~~  
Period 2004

Attached copy of the report of the reference and check by \$150.00 collected by Division of Corporation.

If you sent to us any document for correction never we received it. Please complete the filing for this corporation.

Very Truly

  
Gloria Mangas  
President