

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90194 007 \*\*\*150.00

DOCUMENT # *P00000073362*  
1. Entity Name  
*MDM GROUP INC*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*14816 SW 104 ST #81*  
Suite, Apt. #, etc.  
City & State  
*MIAMI FL*  
Zip  
*33196* Country  
*MIAMI DADE*

3. Mailing Address  
*14816 SW 104 ST #81*  
Suite, Apt. #, etc.  
City & State  
*MIAMI FL*  
Zip  
*33196* Country  
*MIAMI DADE*

4. FEI Number  
*01-0566211* Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
Name  
*GLORIA MANGAS*  
Street Address (P.O. Box Number is Not Acceptable)  
*14816 SW 104 Street #81*  
City  
*MIAMI* FL Zip Code  
*33196*

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.

SIGNATURE *[Signature]* DATE *5/19/03*  
Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**January 1 - May 1: Fee is \$150.00**  
**After May 1: Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P-T-S GLORIA MANGAS 14816 SW 104 Street #81 MIAMI FL 33196</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *5/19/03*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR