


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90034 007 ***150.00

DOCUMENT # P00000092617 1. Entity Name D.M. PROPERTY MANAGEMENT, INC.					
Principal Place of Business 1600 NE 39TH STREET POMPANO BEACH, FL 33064			Mailing Address 1600 NE 39TH STREET POMPANO BEACH, FL 33064		
2. Principal Place of Business P.O. Box 10158 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 10158 Suite, Apt. #, etc.			
City & State Pompano Bch., FL Zip -- 33061 Country USA		City & State Pompano Bch., FL Zip -- 33061 Country USA		4. FEI Number 65-1043664	
5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MOHAMMAD, DIL 1600 NE 39TH STREET POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name - Same - Street Address (P.O. Box Number is Not Acceptable) 2754 West Atlantic Blvd. Suite 1516 City Pompano Bch. FL Zip Code 33069		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD MOHAMMAD, DIL 1600 NE 39TH STREET POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 2754 West Atlantic Blvd. #1516 Pompano Bch., FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REAZ, IFFAT 1600 NE 39TH STREET POMPANO BEACH, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 2754 West Atlantic Blvd. #1516 Pompano Bch., FL 33069	
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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-09-05 <small>Date Daytime Phone #</small>		

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