


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 037 ***150.00

DOCUMENT # P00000102296	
1. Entity Name HDM NEW HORIZONS, CORP	

Principal Place of Business 13935 N W 1ST AVENUE MIAMI, FL 33168	Mailing Address 432 LAKEVIEW DR 201 FORT LAUDERDALE, FL 33326
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24055464



2. Principal Place of Business 2853 Executive Park Dr.	3. Mailing Address 432 Lakeview Dr.
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Apt 201
City & State WESTON, FL	City & State Weston, FL
Zip 33331	Country USA

04232004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1049246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, BEHAR & ASSOCIATES, PA 13935 N W 1ST AVENUE MIAMI, FL 33168	
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7. Name and Address of New Registered Agent Name LATIN NETWORK CONSULTANTS Street Address (P.O. Box Number is Not Acceptable) 2853 Executive Park Dr. Suite 201 City WESTON FL Zip Code 33331	
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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 Isabel Rivero [Signature] 04/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTAGUT, HERNAN 1200 WEST AVENUE, #909 MIAMI BEACH, FL 33139 <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	VD DOMINGUEZ, MONICA 1200 WEST AVENUE, #909 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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), 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: [Signature] 4/21/04 (954) 536 7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #