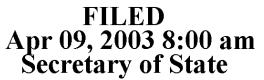
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000019227 DOCUMENT



1. Entity Name DFM CORP.								04-09-2003 90091 039 ***150.00					
Principal Place of Business 2020 N.E. 211 TERRACE MIAMI FL 33179			Mailing Address 2020 N.E. 211 TERRACE MIAMI FL 33179										
2. Principal Place of Business .			3. Mailing Address				-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State							\rightarrow	pplied For t Applicable]	
Zip		Country	Zip		Count	ry	5.	Certificate of Status Desired	<u>~_</u> _\$	8.75 Add	litional d	-	
	6. Name	and Address of Current	Registered A	gent			7. 1	Name and Address of New Regi	stered Aa	ent		1	
MORHAIM, DANIEL						Name		•					
2020 N.E.	211 TERR/	ICE,				Street Address (P.O. Box Number is Not Acceptable)							
MIAMI FL	33179	*; *}					·-·			Zin Cod		1	
8. The above named entity submits this statement for the purpose of changing its r					o distant	City FL Zip Code						1	
	tions of regist		r ine purpose	or changing its r	egisiere	a onice or registe	ereu ay	ent, or both, in the State of Florida	ı. ı allı lal	iiiliai wiiii,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicabl	e. (NOTE:	Registered	Agent signature require	ed when re	einstating)	DATE				
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	of State					9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee					
10.		OFFICERS AND	DIRECTORS		11.		AD	DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11	1	
TITLE NAME	PD Morhaim, 2020 N.E. Miami FL	DANIEL 211 TERRACE		☐ Delete	TITLE NAME STREE					☐ Change	Addition	Ens4 (40/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete -		ŧ			[☐ Change	Addition	Cao	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete		t address St-zip			ם	☐ Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ovsió, shou sh	Information as a find the	this filing doe	☐ Delete		1	· · · · · · · · · · · · · · · · · · ·	110.07/2Vi) Elocido Statuta a Livre		Change	Addition		

increasy certify una 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: