FILED
Apr 26, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000027424

1. Entity Name
D.M.F., INC.

Principal Place of Business	Mailing Address
1734 SW 100 AVENUE MIAMI, FL 33165	1734 SW 100 AVENUE MIAMI, FL 33165

DO NOT WRITE IN THIS SPACE

04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0592092
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-MENOCAL, ALFREDO ESQ.
55 N.E 15TH STREET, SUITE 100
MIAMI, FL 33132

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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: Maria Mequeo Presente 4/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000128343
04/26/04-80035-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIQUEO, DEAN
STREET ADDRESS	1734 SW 100 AVENUE
CITY ST ZIP	MIAMI, FL 33165
TITLE	VPD
NAME	MIQUEO, FRANK
STREET ADDRESS	1734 SW 100 AVENUE
CITY ST ZIP	MIAMI, FL 33165
TITLE	STD
NAME	MIQUEO, MARIA
STREET ADDRESS	1734 SW 100 AVENUE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Maria Mequeo MARIA MIQUEO 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #