

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90174 044 \*\*\*150.00

**DOCUMENT # P02000067419**

1. Entity Name  
**PMD GROUP, INC.**



Principal Place of Business  
**1940 HARRISON ST  
200A  
HOLLYWOOD, FL 33020-5072**

Mailing Address  
**1940 HARRISON ST  
200A  
HOLLYWOOD, FL 33020-5072**

**66424986**



05032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**1940 HARRISON ST**  
Suite, Apt. #, etc.  
**200 C**

3. Mailing Address  
**1940 HARRISON ST**  
Suite, Apt. #, etc.  
**200 C**

City & State  
**HOLLYWOOD, FL**  
Zip  
**33020-5072**  
Country  
**US**

City & State  
**HOLLYWOOD, FL**  
Zip  
**33020-5072**  
Country  
**US**

4. FEI Number  
**02-0623900**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JUMPING JAX TAX, INC.  
1940 HARRISON ST, STE 201B  
HOLLYWOOD, FL 33020-5072**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME **D**  
STREET ADDRESS  
CITY-ST-ZIP  
**MINEO, PAUL  
1070 SW 110TH TERRACE  
DAVIE, FL 33324**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
MINEO, PAUL  
1070 SW 110TH TERRACE  
DAVIE FL 33324**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 MAY 04 (954) 927-6988**  
Date Daytime Phone #