

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000103803

1. Entity Name
T.M. DESIGN GROUP ASSOCIATES, P.A.



Principal Place of Business
18260 NW 78TH AVE
HIALEAH, FL 33015

Mailing Address
18260 NW 78TH AVE
HIALEAH, FL 33015

2. Principal Place of Business
7600 W. 20 Ave., Ste 219
Suite, Apt. #, etc.
Hialeah, Florida, 33016

3. Mailing Address
7600 West 20 Avenue # 219
Suite, Apt. #, etc.
Hialeah, Florida, 33016

City & State

City & State

Zip **33016** Country **U.S.A.**

Zip **33016** Country **U.S.A.**

6. Name and Address of Current Registered Agent

SCAVUZZO, THERESA
18260 NW 78TH AVE
HIALEAH, FL 33015

Name **SCAVUZZO, THERESA**

Street Address (P.O. Box Number is Not Acceptable)

7600 West 20 Avenue, Suite # 219

Hialeah, Florida, 33016

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 *Theresa Scavuzzo*

Signature, typed or printed name of registered agent or title, if applicable

(NOTE: Registered Agent signature required when revising)

April 28, 2004

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP
NAME: SCAVUZZO, THERESA
STREET ADDRESS: 18260 NW 78TH AVE
CITY-ST-ZIP: HIALEAH, FL 33015

TITLE: DP
NAME: SCAVUZZO, THERESA
STREET ADDRESS: 7600 West 20 Avenue, Suite # 219
CITY-ST-ZIP: Hialeah, Florida, 33016

TITLE: DT
NAME: SCAVUZZO, MICHAEL A
STREET ADDRESS: 18260 NW 78TH AVE
CITY-ST-ZIP: HIALEAH, FL 33015

TITLE: DT
NAME: SCAVUZZO, MICHAEL A.
STREET ADDRESS: 7600 West 20th Avenue, Suite # 219
CITY-ST-ZIP: Hialeah, Florida, 33016

TITLE: Delete
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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: *Theresa Scavuzzo*

Theresa Scavuzzo, Pres. **04/28/04** **305-557-3400**

SIGNATURE AND TYPED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR

Date

Daytime/Fax/

94078535



04282004 Chg-P CR2E034 (10/03)

4. FEI Number **33-1020299** Applied For
 Not Applicable

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

6. Name and Address of New Registered Agent

Name **SCAVUZZO, THERESA**

Street Address (P.O. Box Number is Not Acceptable)

7600 West 20 Avenue, Suite # 219

Hialeah, Florida, 33016

FL Zip Code