2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000109651

1. Entity Name DMARKET, INC.



Principal Place of Business

6555 NW 9TH AVE

FORT LAUDERDALE, FL 33309

Mailing Address

6555 NW 9TH AVE

211

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33309

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90183 049 ***150.00



04122006

No Chg-P

CR2E034 (11/05)

4. FEI Number 55-0807946

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HURTADO, CARLOS F **6555 NW 9TH AVE** #211 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

| The above named entity submits this statement for the purpose of changing the obligations of registered agent. | ng its registered office or registered agent, or both, in the State of | Florida. I am familiar with, and accept |
|--|--|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |

FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS |
|----------------|---------------------------|
| TITLE | PD |
| NAME | HURTADO, CARLOS F |
| STREET ADDRESS | 6555 NW 9TH AVE # 211 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 |
| TITLE | TRES |
| NAME | ROSENFIELD, FRED R |
| STREET ADDRESS | 6555 NW 9TH AVE # 211 |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | <u> </u> |
| | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ampowered.

SIGNATURE:

561-306-7418