

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110670

FILED
Apr 29, 2005
Secretary of State

Entity Name: DESME INVESTMENT GROUP, INC.

Current Principal Place of Business:

2319 NW 20 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2319 NW 20 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 35-2184681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESME, PERCY
2319 NW 20 STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DESME, PERCY
Address: 15400 SW 99 LANE
City-St-Zip: MIAMI, FL 33142

Title: VPD () Delete
Name: DESME, HUGO
Address: 15894 KILMARNOCK DRIVE
City-St-Zip: MIAMI LAKES, FL 33014

Title: SD () Delete
Name: DESME, JORGE
Address: 13101 SE 85 STREET
City-St-Zip: MIAMI, FL 33183

Title: TD () Delete
Name: DESME, CARLOS
Address: 3667 SOUTH MIAMI AVENUE APT. 144
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE L. DESME

SD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date