


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90008 037 \*\*\*150.00

|   |                                  |  |   |  |                                   |
|---|----------------------------------|--|---|--|-----------------------------------|
| <b>DOCUMENT # P02000110670</b>  |                                  |  |   |         |                                   |
| 1. Entity Name<br>DESME INVESTMENT GROUP, INC.  |                                  |  |   |  |                                   |
| Principal Place of Business<br>2319 NW 20 STREET<br>MIAMI, FL 33142   |                                  | Mailing Address<br>2319 NW 20 STREET<br>MIAMI, FL 33142  |   |  |                                   |
| 2. Principal Place of Business  |                                  | 3. Mailing Address   |   |  |                                   |
| Suite, Apt. #, etc.   |                                  | Suite, Apt. #, etc.  |   |  |                                   |
| City & State  |                                  | City & State   |   | 4. FEI Number<br>35-2184681  |                                   |
| Zip   |                                  | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent   |                                  |  | 7. Name and Address of New Registered Agent           |  |                                   |
| DESME, PERCY<br>2319 NW 20 STREET<br>MIAMI, FL 33142  |                                  |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                  |  |   |  |                                   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>   |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |                                   |
| 10. OFFICERS AND DIRECTORS  |                                  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                   |
| TITLE   | PD                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DESME, PERCY                     |  | NAME  |  |                                   |
| STREET ADDRESS  | 15400 SW 99 LANE                 |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33142                  |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | VPD                              | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DESME, HUGO                      |  | NAME  |  |                                   |
| STREET ADDRESS  | 15894 KILMARNOCK DRIVE           |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI LAKES, FL 33014            |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | SD                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DESME, JORGE                     |  | NAME  |  |                                   |
| STREET ADDRESS  | 13101 SE 85 STREET               |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33183                  |  | CITY-ST-ZIP   |  |                                   |
| TITLE   | TD                               | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  | DESME, CARLOS                    |  | NAME  |  |                                   |
| STREET ADDRESS  | 3667 SOUTH MIAMI AVENUE APT. 144 |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   | MIAMI, FL 33133                  |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                                  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                  |  | NAME  |  |                                   |
| STREET ADDRESS  |                                  |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                                  |  | CITY-ST-ZIP   |  |                                   |
| TITLE   |                                  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME  |                                  |  | NAME  |  |                                   |
| STREET ADDRESS  |                                  |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP   |                                  |  | CITY-ST-ZIP   |  |                                   |
| 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 reports 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                  |  |   |  |                                   |
|   |                                  |  |   | Date _____ Daytime Phone # _____   |                                   |