


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90042 015 ***150.00

DOCUMENT # P03000041556	
1. Entity Name DESIGN V.O.M. GROUP, INC.	

Principal Place of Business 3301 N.E. 5TH AVENUE SUITE 1008 MIAMI, FL 33137	Mailing Address 3301 N.E. 5TH AVENUE SUITE 1008 MIAMI, FL 33137
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94033087



2. Principal Place of Business 601 NE 52TH ST.	3. Mailing Address 601 NE 52TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03172004 Chg-P CR2E034 (10/03)

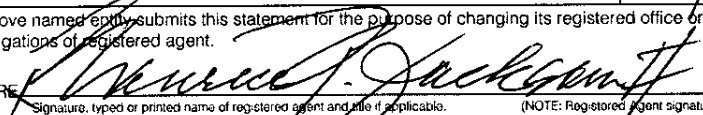
City & State MIAMI FL	City & State MIAMI FL
Zip 33137	Zip 33137
Country MIAMI-FL	Country MIAMI FL

4. FEI Number 01-0794423	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELAZQUEZ, RAFAEL 3301 N.E. 5TH AVENUE SUITE 1008 MIAMI, FL 33137	
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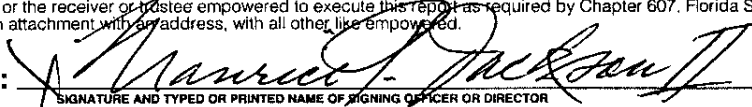
7. Name and Address of New Registered Agent Name JACKSON, MAURICIO R II Street Address (P.O. Box Number is Not Acceptable) 601 NE 52TH STREET City MIAMI FL Zip Code 33137	
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8. The above named entity submits this statement for the purpose of changing 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 	DATE 3/15/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELAZQUEZ, RAFAEL 3301 N.E. 5TH AVENUE MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHA, JORGE 601 N.E. 52TH STREET MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAURICE JACKSON, MAURICIO R II 601 N.E. 52TH STREET MIAMI, FL 33137 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAURICE JACKSON, MAURICIO R II 601 NE 52TH STREET MIAMI FL 33137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 3/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	