

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90250 034 \*\*\*158.75

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P03000096285</b>  |  |  |  |                    |  |
| 1. Entity Name<br>DMG OF MIAMI CORPORATION  |  |  |  |   |  |
| Principal Place of Business<br>11640 SW 13 TERRACE PLACE<br>FT. LAUDERDALE, FL 33325  |  |  | Mailing Address<br>11640 SW 13 TERRACE PLACE<br>FT. LAUDERDALE, FL 33325   |   |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.  |   |  |
| City & State  |  |  | City & State   |   |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number<br>20-0899957   |  |
|   |  |  |  | Applied For<br>Not Applicable   |  |
|   |  |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| THORNE, MIRIAM<br>1264 NW 163 TERRACE<br>PEMBROKE PINES, FL 33028   |  |  | Name: Michael J. DiCampi<br>Street Address (P.O. Box Number is Not Acceptable)<br>5909 SW 36 CT.<br>City: Davie FL Zip Code: 33314 |   |  |
| 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: Michael J. DiCampi   |  |  | DATE: 4-20-05  |   |  |
| Signature, print or printed name of registered agent and title if applicable.   |  |  | (NOTE: Registered Agent signature required when reinstating)   |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00   |  |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PVP<br>THORNE, MIRIAM<br>1264 NW 163 TERRACE<br>PEMBROKE PINES, FL 33028     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PVP Michael J. DiCampi<br>5909 SW 36 CT.<br>Davie FL 33314  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>THORNE, MIRIAM<br>1264 NW 163 TERRACE<br>PEMBROKE PINES, FL 33028      | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SM Michael J. DiCampi<br>5909 SW 36 CT.<br>Davie FL 33314   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVP<br>WONG, JORGE<br>11640 SW 12 TERRACE PLACE<br>FORT LAUDERDALE, FL 33325 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: Michael J. DiCampi   |  |  | DATE: 4-20-05  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #   |   |  |