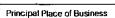
2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000118802 1. Entity Name **DMSG CORPORATION**



Mailing Address

15217 SW 37TH TERRACE MIAMI, FL 33185

15217 SW 37TH TERRACE MIAMI, FL 33185

FILED Apr 28, 2005 8:00 am Secretary of State

04-28-2005 90187 042 ***150.00

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DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 20-0331062

04012005

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

GONZALEZ, DAVID G 15217 SW 37TH TERRACE MIAMI, FL 33185

SIGNATURE: Vauid

Conzols SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its	s registered	d office or re	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SKGNATURE Signature, typed or priviled name of registered agent and site & applicable. (NOTE: Registered Agent signature required when remissizing) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AND DIREC	TORS	·····			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, DAVID G 15217 SW 37TH TERRACE MIAMI, FL 33185					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEAL, MARIA T 15217 SW 37TH TERRACE MIAMI, FL 33185					
HITLE NAME STREET ADDRESS CATY-ST-ZIP					DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP						
NAME STREET ADDRESS CATY-ST-ZP						
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 attactyment with an address, with all other like empowered.						