## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000131543

MOUSAVI, PÄRVIN

JACKSONVILLE, FL 32256

9838 OLD BAYMEADOWS ROAD BOX 248

Name:

Address:

City-St-Zip:

FILED Jul 07, 2004 Secretary of State

Entity Na	me: HM-NM,	INC.					
Current Principal Place of Business:				New Principal Place of Business:			
10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257				8277 WESTERN WAY CIRCLE JACKSONVILLE, FL 32256			
Current Mailing Address:				New Mailing Address:			
10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257				8277 WESTERN WAY CIRCLE JACKSONVILLE, FL 32256			
FEI Number	: 16-1688300	FEI Number Applied For ( )	FEI Nur	mber Not Appl	icable ( )	Certificate of Status I	Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
10110 SAI	, ROBERT M N JOSE BLVD IVILLE, FL 322						
	e named entity e of Florida.	submits this statement for the	purpose o	of changing i	ts registered	office or registered aç	gent, or both,
SIGNATU	RE:						
	Electro	nic Signature of Registered A	gent			Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MOURIRAHIMI	MEADOWS ROAD BOX 248		Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	MOURIRAHIMI	MEADOWS ROAD BOX 248		Title: Name: Address: City-St-Zip:	D () MOURIRAHIM 8304 RIDING JACKSONVILI	CLUB RD.	
Title: Name: Address: City-St-Zip:	MOURIRAHIMI	MEADOWS ROAD BOX 248		Title: Name: Address: City-St-Zip:	D (X MOURIRAHIM 8304 RIDING JACKSONVILI	CLUB RD.	
Title:	D (	) Delete		Title:	D ()	X) Change ()Addition	

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.

Name:

Address:

City-St-Zip:

MOUSAVI, PARVIN

8304 RIDING CLUB RD.

JACKSONVILLE, FL 32256

SIGNATURE: ALIREZA MOURIRAHIMI D 07/07/2004